
Brief Reports

Initiation of Breastfeeding in Cesarean Section Mothers: Antenatal Advise versus Postnatal Assistance

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In the last decade, health care providers were advised to assist breastfeeding mothers to feed their newborns immediately after birth and to pay special attention to the breastfeeding needs of mothers delivering by Cesarean section(1). The special committee on breastfeeding of Indian Academy of Pediatrics recommends that babies whether delivered normally or after Cesarean section, should be put to breast soon after delivery but definitely within the first four hours after birth(2). It is commonly believed that Cesarean delivery of the mothers, usually leads to unsuccessful nursing of the newborn baby(3). Investigations also found that mothers giving birth by Cesarean section

are less likely than those giving birth vaginally to start breastfeeding early(4,5). This study was done to find out the effectiveness of antenatal advise and active postnatal assistance rendered, to the breastfeeding patterns of mothers delivered by Cesarean section.

Material and Methods

Two hundred and fifty one mothers who had undergone Cesarean section and delivered a live, healthy, term baby weighing above 2.5 kg were taken for this study. The mothers underwent Cesarean section at Bapuji Hospital, Davangere between May 1992 to September 1992.

The mothers were divided into 3 groups. Group A consisted of 111 mothers, who did not receive any antenatal advise or postnatal assistance in breastfeeding. Group B consisted of 90 mothers, who received antenatal advise regarding early initiation of breast-feeding and avoidance of prelacteal feeds. Group C consisted of 50 mothers, who received antenatal advise as well as active postnatal assistance from the nursing staff who were trained in lactation management. The nursing staff received an eighteen hour in service training in lactation management which was organized by the hospital.

The babies and mothers were helped in such a way that, the baby was brought in close contact with the breast even when the mother was lying supine and was unable to breastfeed the baby by herself. The mother was encouraged and also assisted to turn little to her side as

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early as possible and feed the baby.

These three groups of mothers were studied in relation to the administration of prelacteal feeds, initiation of the first breastfeed and the number of breastfeeds given in the first 24 hours. The association was studied using Chi square test.

Results

Table I shows that there was a significant association between the three groups to the initiation of the first breastfeed. Only 0.9% of the unadvised (Group A) mothers could initiate breastfeeding within the first 4 hours as compared to 12% of the advised (Group B) and 58% of the assisted mothers (Group C). Twenty eight per cent of the unadvised mothers gave their first breastfeed after 24 hours, as compared to 14% of the advised mothers and only 2% of the assisted mothers. The average time interval between birth and initiation of breastfeeding were 20.3 hours for unadvised mothers, 14.2 hours for advised mothers and 6.1 hours for assisted mothers.

Table II shows that only 14% of the

unadvised mothers gave 4-6 breastfeeds in the first 24 hours, as compared to 45% of the advised mothers and 56% of the assisted mothers. The difference between the 3 groups was statistically significant ($p < 0.001$).

Discussion

The art of initiation of breastfeeding is not inherited but acquired(6). The obstetricians and others concerned with maternity care have key roles in promoting breastfeeding(7).

There was no significant difference in the prelacteal feeding pattern of the advised and unadvised group of mothers. However, the incidence of giving prelacteal feeds was least in mothers who received active postnatal assistance. Hence, it appears that Cesarean section by itself does not contribute to the practice of giving prelacteal feeds. More than antenatal advise, these high risk mothers should be rendered active postnatal assistance to promote appropriate breastfeeding practices.

There was a definite difference in the initiation of breastfeeding and the num-

TABLE I—Initiation of the First Breastfeed in 251 Mothers Belonging to Groups A, B and C

Initiation (h)	Group A		Group B		Group C	
	No.	%	No.	%	No.	%
0-4	1	1	11	12	29	58
4-12	29	26	38	42	15	30
12-24	50	45	29	32	5	10
24-48	31	28	12	14	1	2
Total	111	100.0	90	100	50	100

$\chi^2 = 101.267$; $p < 0.001$.

TABLE II— *Number of Breastfeeds Given in the 1st 24 Hours by 251 Mothers Belonging to Group A, B and C*

No. of feeds in 1st 24 hours	Group A		Group B		Group C	
	No.	%	No.	%	No.	%
None	31	28	12	13	1	2
1-3 feeds	64	58	38	42	21	42
4-6 feeds	16	14	40	45	28	56
Total	111		90		50	

$\chi^2 = 40.55; p < 0.001.$

ber of breastfeeds given in the first 24 hours between the Group A and B with the motivated mothers doing better. The motivation should start from the antenatal period when the attitudes of the mothers can be favorably influenced(4). Early initiation of breastfeeding is possible with adequate postnatal help in mothers who undergo Cesarean section. Studies done in India(9) and elsewhere(10) suggest that more than antenatal advise, postnatal assistance helps in earlier initiation of breastfeeding. Another study showed that the time at which the milk comes in after normal delivery and Cesarean section were the same(11). Other studies have shown early initiation and successful continuation of breastfeeding when the father and mother were given advise regarding breastfeeding techniques(12,13).

Hence, this study shows that although antenatal advise is helpful in some mothers, active postnatal assistance is more effective in early initiation of breastfeeding. It also helps in bringing down the administration of prelacteal feeds. It has been shown that a delay in

rooming in leads to delay in initiation of breastfeeding(14).

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Use of Milk Based Commercial Weaning Foods Amongst Scheduled Caste Communities in Haryana

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Breastmilk is the best food for a child till the age of 4-6 months. During the re-

cent past an increase in trend of providing milk based commercial weaning foods (CWF) has been observed in the urban areas(1). Inadequate data is available regarding the use of CWF from the rural areas particularly in the underpriv-

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