

Birthing Practices that SUPPORT Breastfeeding:

- Labor NOT induced
- No or minimal use of epidural anesthesia/analgesia during labor
- Minimal use of physical manipulation of newborn
- Immediate contact between newborn and mother (skin-to-skin; kangaroo mother care)
- Keeping mother and newborn together until first feed is completed
- Conducting routine procedures with mother and baby together

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For the Health Professional: Birthing Practices Affect Breastfeeding Outcomes



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Introduction

Unlike in years past, the latest Center for Disease Control Breastfeeding Report Card reveals the majority of pregnant American women now are making the informed decision to exclusively breastfeed their newborns. Events occurring during the birthing process can enhance or deter the ability of a woman to breastfeed. Unfortunately, there are major gaps in evidence-based literature upon which to link specific birthing practices with breastfeeding outcomes. Nonetheless, it is universally acknowledged that initiation of lactation requires an alert mother and newborn. Infants compromised in their ability to suckle will not stimulate the breast, leading to diminished milk production. Mothers who do not receive emotional and social support throughout the entire birthing process are less likely to be calm, preventing the free flow of oxytocin.



What is evident is that one intervening practice often leads to another. The ensuing cascade of events occurring during long, difficult or assisted labors can create increased breastfeeding difficulties for both mother and infant. This fact sheet briefly describes the impact of selected common routines practiced during labor and following birth that may influence breastfeeding outcomes.

Birthing Practices that DO NOT Support Breastfeeding:

Induction

Unless there is a compelling medical reason to initiate labor, induction prior to term can result in delivery of a newborn without a fully coordinated suck-swallow-breathe pattern. Administration of pitocin has a negative impact on maternal endogenous production and release of oxytocin postpartum. This in turn delays milk production.

Routine epidurals

There is no clear consensus on the impact of epidural analgesia on breastfeeding due to differences in medications, injection protocols and timing of administration. Many studies have shown significant increases in length of labor and decreases in length of first breastfeeding, suggesting judicious use of epidural analgesia is needed to support breastfeeding.

Mechanical interventions

Such interventions include vacuum extraction, forceps delivery, suctioning and intubation. These manipulations can injure the physiology of the infant's suck-swallow-breathe coordination. Any injury, even minor, to the cranium may impede the newborn's ability to signal the need to feed (rooting), the coordinated muscles patterns and the strength required to stimulate milk production. Moreover, damage to the tongue and palate can compromise efficient suckling.

C-section

In addition to the impact of anesthesia to the mother and infant, minor disruption of the condylar portions of the occiput bones when lifting the infant out can impede suckling. Lower levels of beta-endorphin in colostrum restrict its analgesic effect needed by the infant during routine post-delivery procedures.

Delayed mother-newborn contact

Separation of the mother and newborn results in increased cortisol levels in both. Newborn crying due to separation can result in intercranial bleeding, which in turn can lead to disturbed swallowing and sucking, transient apnea and poor muscle tone. Immediate skin-to-skin contact stabilizes the newborn's respiration, heartbeat and temperature while stimulating maternal oxytocin necessary for bonding and flow of colostrum.

An example of cascading birthing events leading to cessation of breastfeeding:

Maternal anesthesia can result in increased length of labor, increased use of mechanical interventions and decreased length of first breastfeeding, which in turn:

- May interfere with the infant's ability to initiate suckling, which in turn:
- Delays stimulation of milk production, which in turn:
- Can lead to dehydration jaundice, which in turn:
- May require introduction of artificial formula feeds, which in turn:
- Increases the infant's exposure to pathogenic gastrointestinal organisms *AND* diminishes breast stimulation, which in turn:
- Leads to abandonment of breastfeeding