How Does Birthing Affect Breastfeeding?

It is not a new concept that birth practices affect breastfeeding. Nearly half a century ago, researchers established that kind solicitous treatment, attention to physical comfort and position changes, and “lighter” analgesics were all associated with mother’s greater acceptance of newborn immediately postpartum.¹

Mothers and birthing experts are now rediscovering the birthing-breastfeeding continuum, the interrelation between these processes, and the effect of interventions and labour pain medications on breastfeeding.

As captured in several classic videos,² ³ a newborn infant, when placed undisturbed on mother’s abdomen, will seek the breast and self-latch.

A Swedish study⁴ documenting the behaviours of 72 infants during the first two hours after a normal birth found the following:

- If undisturbed, newborn ‘crawls’ to the mother’s breast and self-attaches.
- After about 50 minutes, more than half the infants were blissfully sucking at the breast.
- Narcotic labor medications and other routine procedures – separation, bathing, and weighing – disturb this process.
- Infants who were left uninterrupted (with no cleaning and dressing) ended up with the best sucking technique.
- Forty of the 72 mothers (56 per cent) had received pethidine during labour; as a result their infants were also sedated. Twenty-five of those who were medicated did not suck at all.
- The authors recommended that contact between mother and infant should be left uninterrupted during the first hour after birth or until the first breastfeed has been accomplished, and that use of drugs such as pethidine during labour should be restricted.

In another study,⁵ 10 unmedicated infants left undisturbed and placed skin-to-skin immediately post-delivery demonstrated:

- Hand exploring mother’s breasts
- Hand to mouth movements
- Sucking movements
- Massage of breasts
- Self-attachment to breasts
Increased oxytocin levels during massage and sucking

Recent Australian prospective research⁶ studied the effect of epidural analgesia containing fentanyl on breastfeeding initiation and duration. The researchers surveyed 1,280 women to examine the causes of breastfeeding difficulties in the first week post-partum and cessation of breastfeeding during the first 24 weeks of life. Women who had received epidurals were less likely to fully breastfeed their infants during the first few days after birth and more likely to stop breastfeeding before their infants were 24 weeks of age.

The relationship between different dosages of epidural medications and breastfeeding outcomes has also been explored. A UK-based retrospective study⁷ of 424 women found that the dose of fentanyl adversely affected breastfeeding for each microgram of the drug administered.

Epidural usage rates

Epidural usage rates across Canada⁸ vary widely, from a low of 4.5 per cent in Nunavut to a high of 60.3 per cent in Quebec. The latest overall figures, from 2001 to 2002, show a national average of 45.7 per cent, while the US average is 59 per cent.

Both rates are much higher than the 12 per cent average in England, where midwives are the primary source for birthing services and home settings are preferred. In Canada 99 per cent of births take place in hospital.

What is needed?

- Recognition of mothers and babies as an inseparable dyad, and birthing and breastfeeding as a continuous passage and not two separate events.
- Babies should be placed on their mothers’ abdomens skin-to-skin immediately after birth and left uninterrupted to continue the passage to the breast.
- Interventions and handling by many staff must stop. Cord care, weighing & measuring, dressing & ID tagging, wrapping/swaddling, eye medications, vitamin K injection/drops, heel sticks, physical exam, bathing – all can wait until after breastfeeding has been established.
- Pregnant women should be informed about birthing procedures and their impact on infant behaviour and the ability to establish breastfeeding. This should include information about maternal opioids and beta-endorphins,⁹ which are developed naturally as labour progresses and are depressed when epidural anesthesia is administered.

References

1 Newton N and Newton M, (1962)
3 Righard L. Delivery Self-attachment. Geddes Productions, Los Angeles, USA.
8 Giving Birth in Canada Today: A Regional Profile. Canadian Institute for Health Information, September 2004.