



Childbirth and Breastfeeding

Background Information for Leader Applicants and Supporting Leaders

This booklet is intended for use by Applicants. It is not a resource for parents who contact Leaders for the information about childbirth and breastfeeding.

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Childbirth and Breastfeeding

Table of Contents

| | |
|---|----|
| Introduction | 4 |
| To the Leader Applicant using this booklet | 4 |
| 1 CHILDBIRTH | 5 |
| 1.1 How childbirth can affect breastfeeding | 5 |
| 1.2 Alert active participation during childbirth | 6 |
| 2 INTERVENTIONS AND MEDICATIONS | 7 |
| 2.1 The effect of interventions on childbirth | 7 |
| 2.2 Common interventions | 8 |
| 2.2.1 Induction | 8 |
| 2.2.2 Augmentation | 8 |
| 2.2.2.1 Stripping or sweeping the membranes | 8 |
| 2.2.2.2 Breaking the waters (amniotomy) | 8 |
| 2.2.2.3 Prostaglandins | 9 |
| 2.2.2.4 Misoprostol (cytotec) | 9 |
| 2.2.2.5 Oxytocin (pitocin/syntocinon) | 9 |
| 2.2.2.6 Natural methods of promoting contractions | 9 |
| 2.2.3 Electronic fetal monitoring (EFM) | 10 |
| 2.2.4 Assisted vaginal birth | 10 |
| 2.2.4.1 Forceps | 10 |
| 2.2.4.2 Vacuum extraction | 10 |
| 2.2.4.3 Impact of assisted vaginal birth on baby | 11 |
| 2.2.4.4 Mothers can help by | 11 |
| 2.2.4.5 Impact on mother | 11 |
| 2.3 Cesarean birth | 11 |
| 2.4 Medication for pain relief | 12 |
| 2.4.1 Inhaled pain medications | 12 |
| 2.4.2 Tranquilizers | 12 |
| 2.4.3 Narcotics (e.g., morphine, fentanyl) | 12 |
| 2.4.4 Epidural anesthesia | 13 |
| 2.4.5 General anesthesia | 13 |
| 2.5 Impact on breastfeeding from pain relief medication | 13 |
| 2.6 Impact of Intravenous (IV) fluids on breastfeeding | 14 |
| 2.7 Special care babies | 14 |
| 3 OVERCOMING CHALLENGES AFTER BIRTH | 14 |

| | |
|--|----|
| <u>3.1 Intervention after birth</u> | 14 |
| <u>3.1.1 Newborn well-being assessments</u> | 14 |
| <u>3.1.2 Suctioning</u> | 14 |
| <u>3.1.3 Other postpartum routines</u> | 14 |
| <u>3.1.4 Use of nurseries</u> | 15 |
| <u>3.1.5 Artificial nipples</u> | 15 |
| <u>3.1.6 Use of formula</u> | 15 |
| <u>3.1.7 Glucose testing</u> | 15 |
| <u>3.1.8 Water</u> | 15 |
| <u>3.1.9 Blood tests for newborn metabolic screening</u> | 15 |
| <u>3.1.10 Other medical procedures</u> | 16 |
| <u>3.1.11 Circumcision</u> | 16 |
| <u>3.1.12 Test weighing</u> | 16 |
| <u>3.2 Getting started with breastfeeding after a challenging birth experience</u> | 16 |
| <u>3.2.1 Begin with the basics</u> | 16 |
| <u>3.2.2 Acknowledge the mother's feelings</u> | 16 |
| <u>3.2.3 Offer support and encouragement</u> | 16 |
| <u>3.2.4 Additional support</u> | 17 |
| <u>3.3 When the mother is in pain</u> | 17 |
| <u>3.4 When the baby can't or won't breastfeed</u> | 17 |
| | |
| <u>4 BABY CARE</u> | 18 |
| <u>4.1 Skin-to-skin contact</u> | 18 |
| <u>4.2 Skin-to-skin in hospital</u> | 18 |
| <u>4.3 Laid-back position</u> | 18 |
| <u>4.4 Rooming-in</u> | 19 |
| <u>4.5 Co-bathing</u> | 19 |
| <u>4.6 Baby carriers</u> | 19 |
| | |
| <u>5 MOTHER SUPPORT</u> | 20 |
| <u>5.1 When the mother needs more help</u> | 20 |
| <u>5.2 When childbirth is discussed at a La Leche League meeting</u> | 20 |
| <u>5.3 Balanced discussion</u> | 20 |
| | |
| <u>6 CONCLUSION</u> | 21 |
| | |
| <u>7 RESOURCES</u> | 22 |
| <u>7.1 Books</u> | 22 |
| <u>7.2 Research articles</u> | 22 |

Introduction

To the Leader Applicant using this booklet

A mother's personal birth experience informs and shapes her knowledge and awareness of how birth impacts breastfeeding. The Founders of La Leche League said:

We learned early in La Leche League's existence that a woman's experience in giving birth affects the beginning of breastfeeding and many of her attitudes about being a mother. Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.

The Womanly Art of Breastfeeding, 2003 English print edition, page 18

La Leche League International (LLL) continues to recognize this impact:

Many of today's interventions have not been shown to improve outcomes as much as they've been shown to complicate the birth. Most women today want to breastfeed, but many are finding it hard, and the way we give birth today is a big part of the problem.

The Womanly Art of Breastfeeding, 2010 English print edition, pages 49-50

Much of what Leaders know about birth and its impact on breastfeeding comes from their own experiences and what other mothers share. It is important that you:

- Recognize that every woman experiences birth differently.
- Are aware of potential biases in this area - your own and the mother's.
- Remain open to learning the woman's perception of both her birth and the impact that it may be having on her breastfeeding experience.

Leaders have contact with women by phone, online, or at meetings. Leaders have a huge role in helping a woman:

- Determine what her instincts are telling her.
- Frame her questions.
- Feel confident to ask her care provider for more information.
- Know the potential for problems so she can seek help early.

Leaders may not know everything about a woman's medical situation, nor should the woman feel the need to share it with us. The role of Leader, whether talking to a mother about birth interventions, breastfeeding position or any other topic, is to provide information, support, and encouragement, regardless of the mother's situation. If you are unsure about how to present any of the more specific information found in this booklet, you can contact:

- The Professional Liaison (PL) Department for current research and more confidence in your own knowledge.
- The Communications Skills (CS) Department to help with active listening skills and ways to question in order to gain the information needed to best support the mother's needs and preferences.

LLL Leaders need a comprehensive understanding of how different childbirth experiences and methods of delivery affect the start of breastfeeding. This booklet provides basic background information to meet the childbirth aspect of the Background Reading/Learning requirement as it:

- Helps you develop this knowledge.
- Enables you to help mothers who have had many kinds of births.
- Helps you understand and apply LLL philosophy when discussing childbirth.

The information in this booklet is adapted from the resources listed at the end. You can supplement your understanding through further reading, attending workshops/conferences, talking with Leaders in your Group or your Leader Accreditation Department (LAD) representative, or in some other way. You may also have professional experience that will contribute to meeting the requirement. When you discuss childbirth in the meeting setting, you can refer to the first five chapters of *The Womanly Art of Breastfeeding* to share LLL information on this topic.

1 CHILDBIRTH

1.1 How childbirth can affect breastfeeding

In an idealized picture, childbirth happens naturally. The baby is born without medical intervention in a safe, relaxed environment with the family celebrating the positive power of giving birth. Breastfeeding begins as a natural progression from the focused work of childbirth to the period after the birth where the mother can hold her baby and bring him to the breast for the first time.

For many mothers, the experience can be very different:

- The labor and birth may be long and painful or surprisingly short.
- Mother and/or baby may be affected by medication administered during the birth.
- The baby may be taken away for special care.
- The mother may have surgery or some other intervention.
- These and many other factors can all impact the start of breastfeeding.

La Leche League (LLL) believes that a mother's active participation in childbirth can influence what happens during birth and afterwards. We know that when a mother is awake, aware, and actively involved in the birth, she is better able to avoid procedures or interferences that can compromise the initiation of breastfeeding. Being active and involved also impacts on a woman's feeling capable and confident heading into motherhood. This can help her to persevere and overcome challenges. It is very important to recognize that "alert and active" does not refer just to a non-medicalized birth experience. A mother can feel more satisfied with the process when she:

- Learns about birth options and getting breastfeeding off to a good start during pregnancy by taking childbirth classes and attending LLL meetings.
- Is actively involved in making decisions before and during labor and birth.
- Remains alert through most medical procedures.

Challenges during the birth can make some mothers especially determined to breastfeed their babies. With support and information, a mother can get off to a good start with breastfeeding, even if her birth experience was not what she would have wished for. Although some medical procedures may be performed routinely, and perhaps at times unnecessarily, at other times medical intervention can be lifesaving. When a mother understands more about the physiology of natural childbirth and early breastfeeding, she has more knowledge of how to avoid unnecessary interventions or, if interventions are necessary, what to do to minimize the effects of any interventions.

Mothers make the best decisions they can with the information and medical advice available to them. Sometimes, after having a baby, they may think of, or learn of, other alternatives and wish they had made different decisions. The Leader's role is to help a mother make sense of her birthing and breastfeeding experience. This may influence her choices with her next baby.

If a mother shares with us that she is unhappy with her birth experience, we cannot assume it was avoidable. As Leaders we can offer support and listening to help a mother:

- Assess how to make breastfeeding work even after a cesarean birth, a medicated birth, and/or an induced birth.
- Move from any feelings of regret, disappointment, or guilt to the positive feelings that come from bonding with her baby and having confidence that she can breastfeed and meet her baby's needs.
- Move from her childbirth experience to making decisions about her present breastfeeding situation.

Remember that a mother may need time to deal with grief over a birth experience that was different from what she expected. If you think that a woman needs more support than you are able to give, or if the type of support she needs is outside your ability, you can refer her to others in your community, such as health care providers, mental health professionals, other professionals, or support agencies/organizations.

It is also important to keep in mind that the type of birth one mother may grieve over - because it was not what she had planned and hoped for - may be the birth of choice for another mother. A Leader needs to be alert to any tendency in a meeting discussion that seems to label one type of birth as "good" and another as "bad."

1.2. Alert active participation during childbirth

The list below provides options that may help mothers to experience alert, active participation in birth. An expectant mother can seek information to learn about birth, ways to relax and how to be engaged and involved throughout her labor through:

- Childbirth classes.
- Reading on her own.
- Watching videos showing active birth and exercises.
- Building a support network of LLL Leaders and mothers in the Group.
- Learning about different birth attendants and how their childbirth philosophy may impact the birth experience. Some of the care providers include:
 - Doula
 - Midwife
 - Family physician
 - Obstetrician

Note: A midwife might use more of a woman-centered approach to birth, while an obstetrician may be more medically oriented. However, some midwives may be in a setting more geared to medical birth, and many obstetricians believe in natural birth.

- The expectant mother can get to know her health care provider and ask questions to understand her provider's approach to childbirth. Suggest that she consider a doula to support her during birth and in the early days with her baby. Introduce her to options for birthing in a place where she will feel safe and relaxed:
 - At home.
 - In a birth center.
 - In a hospital.
- Learn if there is a local facility that has earned the designation of UNICEF Baby-Friendly Hospital at this website <http://www.unicef.org/programme/breastfeeding/baby.htm>. Suggest that she make a birth plan well before the birth and discuss it with her birth support people and health care providers.

- Learn about birth and breastfeeding policies of the birth center or hospital:
 - Are there any routine labor and birth procedures?
 - What about fetal monitoring - external, internal, movement while monitored?
 - Are there specific medical interventions possible during birth? What is their potential impact on breastfeeding?
- Know the options in an emergency situation, when planning a home birth:
 - Is there local ambulance service?
 - Is there back-up from a birth center?
 - Where is the nearest hospital with maternity services?

A mother's childbirth experience may affect the start of breastfeeding and the early days with her baby. It can be helpful for a mother to know that:

- A difficult labor, or medications used during a cesarean birth, may make her baby sleepy for several days or possibly decrease the effectiveness of baby's suck.
- A premature birth is likely to affect every aspect of the baby's behavior and care.
- During labor, routine procedures can affect a mother's self-confidence and well-being.
- The mother's support person at the birth can advocate for her wishes.

Note: Mothers can ask ahead of the birth about any routines used in labor by her physician or midwife, reasons for their use, and for information to help determine if a procedure is necessary.

2 INTERVENTIONS AND MEDICATIONS

2.1 The effect of interventions on childbirth

This section discusses possible interventions that can ultimately affect the start of breastfeeding. Make use of *The Womanly Art of Breastfeeding*, La Leche League (LLL) web pages, and other publications in your Group library to learn more about how birth experiences affect the start of breastfeeding.

Often childbirth interventions can have a cascading effect: a seemingly small initial intervention can have consequences that may lead to more interventions. Even something that seems innocuous, such as inactivity during labor or being confined to bed, can interfere with the normal progress of childbirth and trigger a series of interventions. The list of procedures in the section "Induction" demonstrates some of the ways in which one intervention can lead to another.

Leaders need to be sensitive to the needs and feelings of mothers requesting support. Information about interventions and their effect on birth and breastfeeding can help the Leader understand a mother's situation and determine how to help her. However, a Leader must also recognize that this information may not be helpful to share with a mother, especially one who has already made her birth decision or has already given birth. In that instance, the Leader needs to be very careful how she shares the information so that the mother does not feel judged or criticized for her birth choices. It may be more appropriate to indicate that additional information is available if a mother wishes it; too much information at once may be alarming and create anxiety.

We encourage mothers to avoid unnecessary interventions. At the same time, we acknowledge that there may be valid medical reasons for specific procedures. In some situations, it can help a mother to know what she might expect if labor is induced or if she has a medicated or cesarean birth and to understand the possible consequences that can impact breastfeeding. Not all interventions can be avoided, but knowing what to expect can help a mother be prepared to spend additional time and effort to help her baby breastfeed.

2.2 Common interventions

2.2.1 Induction—artificially starting labor:

- An option offered to many women in late pregnancy.
- May be offered for many reasons to protect the health of the mother or the baby, e.g. a mother with hypertension (high blood pressure) or a baby with fetal growth restriction.
- It is important for a mother to understand why an induction is being offered in order to make a decision that feels right for her and her baby.
- At times inductions are medically necessary and life saving for mothers and babies.

However, all forms of induction carry risks:

- Mothers often experience more intense labor and report increased pain.
- There is an increased risk of fetal distress which can result in assisted vaginal or cesarean birth.

2.2.2 Augmentation—speeding up labor—may happen when labor has started but contractions are weak or have slowed. Induction and augmentation methods may include:

2.2.2.1 Stripping or sweeping the membranes

The health care provider puts his/her fingers into the cervical opening and rotates them 360°. This facilitates the release of prostaglandins from the membranes and the cervix and helps the cervix to soften. This method may not be effective at starting labor, however, and does have the potential to cause the bag of waters to break earlier than would happen naturally.

2.2.2.2 Breaking the waters (amniotomy)

The health care provider makes a small hole in the amniotic sac in order to release prostaglandins and to increase the pressure of the baby's head on the cervix to stimulate or improve contractions. Without the protective cushion of the amniotic fluid, the baby's head may be subject to greater pressure during contractions. The umbilical cord may be more likely to become compressed, resulting in oxygen deprivation and consequent fetal distress. This may necessitate a cesarean birth. Cord prolapse where the umbilical cord enters the birth canal ahead of the baby is more common after amniotomy. This could also result in an emergency cesarean birth.

Unruptured membranes also cushion the perineum, allowing for gentler stretching and reducing the likelihood of tears. The combination of rupture of the cushioning bag and oxytocin-augmented contractions often leads to more rapid and forced stretching of the perineum and so to more tearing. If labor does not begin after using this method, other interventions may become necessary because of the increased risk of infection with the waters broken.

2.2.2.3 Prostaglandins

These are substances that are naturally produced by the body and act to soften the cervix and the lower part of the uterus. There are several synthetic versions, supplied as a gel, pessary/vaginal suppository, or pill. Depending on the method of administration, the prostaglandins can sometimes be removed should contraction strength become overwhelming. Prostaglandin induction often leads to additional interventions, including oxytocin to augment the stimulation to the uterus.

2.2.2.4 Misoprostol (cytotec)

This is a synthetic prostaglandin that was approved for use in gastrointestinal problems. It is sometimes used in childbirth to initiate uterine contractions by administering at specific time intervals either orally or placed against the cervix. It is more effective at softening the cervix than prostaglandins and is much cheaper. It may increase the risk of overly strong contractions and fetal heart rate abnormalities. Once given, its effects cannot be stopped.

2.2.2.5 Oxytocin (pitocin/syntocinon)

This is a synthetic version of a natural hormone released from the mother's pituitary gland. It is given in tiny amounts to induce labor and/or augment contractions. It can have the effect of generating longer, more intense contractions of the uterus. It can also interfere with the flow of oxygen-rich blood through the placenta to the fetus, thereby necessitating electronic fetal monitoring to assess the baby's well-being.

When labor is induced with synthetic oxytocin, an intravenous drip is set up, potentially restricting a mother's mobility, although drips are often connected to a stand on wheels that the mother can move around with her. It can increase the likelihood of newborn jaundice. Increased fluid from the drip may result in excessive edema of the breasts in the early postpartum period, making latching difficult. It also has the potential to cause problems with breastfeeding initiation due to the disruption of the mother's natural hormone levels, especially if used in conjunction with epidural anesthesia.

2.2.2.6 Natural methods of promoting contractions

To minimize the effects induction can have on breastfeeding, a mother might consider natural methods of promoting contractions such as:

- Nipple stimulation.
- Sexual intercourse if the amniotic sac is still intact.
- Acupressure or acupuncture.
- Walking or sitting during labor instead of lying prone.

Encourage the mother to check with her health care provider before beginning any course of action. Women tend to have harsher, stronger, significantly more painful contractions with induced or augmented labors. This may make the mother feel she needs pain relief. Two common types of pain relief are analgesics—oral or intravenous pain medication—and anesthesia such as an epidural, which can carry its own risks for mother and baby.

An induced or augmented labor can lead to a positive birth experience without further intervention; however, additional intervention is more likely to occur if the labor has not begun spontaneously. A woman considering an induction before her due date also needs to know that a late preterm baby (34-37 weeks) may have some of the same types of problems with breastfeeding as a very early preterm baby such as weak or uncoordinated suck and sleepiness at the breast.

2.2.3 Electronic fetal monitoring (EFM)

The aim of fetal monitoring is to ensure the well-being of the baby. Different methods include:

- Fetoscope: a stethoscope-like device for use during pregnancy and labor, used intermittently during labor.
- Doppler ultrasound device: similar to the ultrasound used in pregnancy to track baby's heartbeat.
- Electronic fetal monitoring (EFM): a form of continuous monitoring of the baby and the mother's contractions during labor.

When EFM is used, the mother is continuously attached to a machine.

There are two types of EFM:

- External monitoring: two receivers held in place by belts around the hips.
- Internal monitoring: an electrode is attached to baby's scalp and a pressure catheter is inserted alongside baby's head.

EFM usually involves the mother lying down, the most painful and least effective position for labor progression. Even if the mother is not lying down, her movement is restricted.

Routine EFM when not medically indicated:

- Can sometimes lead to misinterpreted data from the machine, causing care providers to believe that something is wrong when it may not be.
- Has not been proven to improve outcomes for mothers or babies.
- Can increase the risk of interventions such as cesarean birth or assisted delivery.

Laboring women being monitored by EFM sometimes feel that the machine becomes the focus during labor, instead of the mother and baby.

2.2.4. Assisted vaginal birth

This may occur after the woman has been pushing but the doctor or midwife feels the baby is not advancing well or quickly enough through the canal or if labor progress has stopped altogether.

2.2.4.1 Forceps

- Look much like salad tongs, with the flat blades placed on either side of baby's head, to help draw baby out.
- Can cause compression on the baby's head.
- Can cause bruising and nerve damage to the sides of the cranium. This can cause the jaw to deviate, resulting in jaw asymmetry, which can affect the baby's suck.

2.2.4.2 Vacuum extraction

- Suction is applied to the baby's scalp to help draw the baby out.
- Can increase the amount of force applied to the infant's skull.
- Can cause compression of the baby's head.
- Can cause bruising and increase the risk of complications such as jaundice.

Research suggests that vacuum-assisted vaginal delivery may be a significant factor in the cessation of breastfeeding within the first two weeks of life.

2.2.4.3 Impact of assisted vaginal birth on baby

- Can cause head pain and inhibit movement of the baby's head and neck.
- Baby can be irritable and show signs of pain.
- Can increase risk of jaundice.

2.2.4.4 Mothers can help by

- Treating the baby as if he has a severe headache.
- Reducing noise, light, motion and touch to the back of the baby's head.
- Having lots of "Kangaroo" or "[skin-to-skin care](#)." Holding baby upright on mother's chest in a quiet, darkened place.
- Trying a variety of positions to find what is more comfortable to the baby and mother.
- Limiting pressure on baby's head, especially during feedings.

Note: If the baby's sensitivities continue, a mother may consider seeking help from practitioners trained in treating infants with gentle, noninvasive manual techniques. Chiropractors, osteopaths, physical therapists, occupational therapists and massage therapists are some of the professionals who practice manual therapies.

2.2.4.5 Impact on mother:

- Can cause the mother pain from the insertion of the instruments and/or added pressure on the perineum.
- May result in an episiotomy which is the surgical cut to enlarge the vaginal opening. It is sometimes performed in order to place/insert the instruments.

Being in pain can negatively affect a mother trying to care for a newborn baby and can make it difficult to get breastfeeding off to a good start.

2.3 Cesarean birth

Cesarean birth is a major abdominal operation and carries well-documented risks for both mother and baby. It involves cutting through abdominal skin, muscle, and the uterine wall to extract the baby and the placenta.

A cesarean birth can impact a mother's recovery after birth and both her and her baby's ability to get off to a good start with breastfeeding in many ways. A cesarean birth may:

- Result in a longer hospital stay and a longer recovery time after the birth, which can have an impact on establishing breastfeeding.
- Interfere with the natural release of hormones, oxytocin and prolactin, in both mother and baby, making it more of a challenge to establish breastfeeding.
- Make it necessary for mothers to receive medications and IV fluids.
- Make it more difficult for babies to latch at the breast due to edema.
- Create concerns about baby's weight being increased due to extra fluid.
- Delay lactogenesis II ("milk coming in") creating potential stress for mothers and worry over babies getting enough volume of breast milk in the early days.

Delayed lactation is common among mothers who have had a cesarean birth. Some experts suggest that the delay is greater if the mother does not experience labor at all before a cesarean delivery.

- Baby's belly and lungs may still have fluid since they did not go through the pressures of the birth canal.
- Mother and baby may be separated after the surgery, delaying skin-to-skin care and the first feeding.
- Mothers who have cesarean births experience more pain after birth.

How Leaders can help:

- Encourage the mother to begin breastfeeding as soon as possible.
- Describe or demonstrate comfortable breastfeeding positions that avoid the area of the incision and stitches, such as the football or laid-back positions.
- Discuss pain medications and their possible impact on baby to help mother make an informed choice.
- Encourage lots of skin-to-skin and frequent feeds; this is even more crucial given the risk of delayed lactogenesis II.
- Inform her that many mothers are able to have vaginal births after a cesarean (VBAC). You can offer helpful phrases and even role-play the discussion the mother might have with her health care provider.

2.4 Medication for pain relief

There are several different types of medication used for pain relief during labor and birth. A list of typical options and some of their effects on mothers and babies follows. Suggest that the mother consult the physician about what is available.

2.4.1 Inhaled pain medications

- Mothers inhale the gas through a mask or tube attached with tubing to a gas cylinder.
- Nitrous oxide gas is used to dull labor pain, both in hospital and in home births.
- The effects are immediate and short-lived; some sources report that no obvious side effects have been found in babies or mothers.

2.4.2 Tranquilizers

- Given to reduce anxiety and tension.
- Can cross the placenta, interfering with baby's ability to breathe, suck, or maintain a healthy muscle tension.

2.4.3 Narcotics (e.g., morphine, fentanyl)

- May not be safe for mother or baby in doses high enough to lower pain, so they are given in lesser amounts.
- Given intravenously or by injection.
- Can cause sleepiness in the baby or mother.
- Often causes nausea, vomiting, and a drop in blood pressure in the mother.
- With nausea in the mother, additional medications may be necessary. These anti-nausea drugs can cause dizziness and drowsiness in the mother.
- Narcotics can affect the baby's ability to suck, swallow, and breathe in a coordinated manner, and the impact can last from several hours to several weeks after birth.

2.4.4 Epidural anesthesia

- Numbs and weakens the lower part of the mother's body.
- Mother remains conscious.
- A catheter stays in place by the spine for continuous medication or for "topping up" of anesthetic if required.
- For many women, it is a highly effective form of pain relief.

Cautions with use of epidural or spinal anesthesia:

- Do not always work.
- May provide only partial pain relief or none in 3% of cases.
- Have possible side effects such as maternal fever or a drop in maternal blood pressure, which may lead to further postpartum/postnatal intervention.
- May result in babies being less alert, less able to orient themselves, with less organized movements; these differences are measurable during the baby's first month.
- May leave mother's back feeling stiff, achy, or sore after birth.
- May result in a spinal headache which can have a significant impact on a woman's recovery after birth and her ability to care for and breastfeed her baby. It can:
 - Require lying flat for several hours, making it hard to hold/feed her baby.
 - Make her sensitive to light.
 - Make eating difficult.
 - Require her to have another adult present to do primary care for the baby, such as diaper changes and bathing, and to help her with eating and trips to the bathroom, since she may be unsteady and the pain may increase while she is up.

2.4.5 General anesthesia

- Can be administered more quickly than an epidural.
- May be used when an emergency cesarean is required.
- Can cause nausea and vomiting in women after delivery.
- Results in delayed mother-baby contact and breastfeeding initiation.

2.5 Impact on breastfeeding from pain relief medication

The sucking reflex of a healthy, full-term newborn delivered without the use of pain medications or anesthesia usually peaks about 20-30 minutes after birth. If this optimal time to begin nursing is missed, the baby's sucking reflex may be less strong for about 36 hours.

Pain relievers or anesthesia cross the placenta to the fetus and they can contribute to breastfeeding problems:

- The baby and/or mother may be sleepy or less alert and thus delay the first nursing.
- The baby's ability to suck, swallow, and breathe may be disorganized.
- The baby's rooting and sucking reflex may be delayed and depressed.

After birth a baby will need to break down these medications. The infant's liver is not fully mature at birth and it takes longer for babies to get rid of excess drugs.

2.6 Impact of Intravenous (IV) fluids on breastfeeding

- Can artificially inflate baby's birth weight which may give the effect of rapid weight loss and result in supplementation.
- Can result in hyper-hydration of mother. This may lead to extra fluid in breast tissue, aggravate breast engorgement and impede milk flow.

2.7 Special care babies

Some babies require additional care in a Special Care Baby Unit or Neonatal Intensive Care Unit (NICU).

- This separation can delay breastfeeding initiation.
- Mother will need support and encouragement in order to express her milk to establish her supply until her baby is ready to be put to the breast.

Note: A mother in this situation may need the assistance of a knowledgeable LLL Leader or International Board Certified Lactation Consultant (IBCLC).

3 OVERCOMING CHALLENGES AFTER BIRTH

3.1 Interventions after birth

A mother may have an expectation of what will happen after her baby is born: the baby crawling up her abdomen to the breast or being gently lifted into her arms, enjoying maximum skin-to-skin contact, and an early opportunity to breastfeed. However, the reality may be different. It can be helpful for the mother to find out as much as she can prenatally about any hospital/birth center procedures which may be thought necessary to assess and treat the condition of the baby after birth.

Routine practices can include:

- Baby taken to warming bed for newborn assessments.
- Baby may be sponge bathed to clean off amniotic fluids.
- Baby may be returned fully clothed and swaddled with little skin exposed.

3.1.1 Newborn well-being assessments

- Barring medical complications, these assessments can be completed while baby is skin-to-skin with mother.
- Weight and other measurements can be delayed at least until after the first feed is complete.

3.1.2 Suctioning

- Used by some hospitals to remove mucus from the baby's airway.
- Intrusive or deep suctioning is most commonly done for respiratory distress. It can cause oral aversion in the baby, making him reject anything in or around his mouth, including the breast.

3.1.3 Other postpartum routines

- Weighing the baby.
- Bathing the baby.
- Washing the baby's hands.

These procedures can be delayed until after skin-to-skin time, including offering the breast, so as not to confuse the baby's sense of smell, making it harder for him to find his way to the breast. Baby can be dried and snuggled skin-to-skin with the mother. The mother and her support person may need to be assertive about this and include it in the birth plan.

3.1.4 Use of nurseries

- Some hospitals have a special room where babies sleep, cared for by nursing staff.
- Relies on nurses to recognize feeding cues and get baby to his mother in a timely manner.
- Can result in delayed feedings and interrupts parents getting to know their baby.

3.1.5 Artificial nipples

- Routine baby care in the nursery may include dummies/pacifiers and supplementation, depending on hospital policy.
- Can interfere with the establishment of breastfeeding by confusing baby's natural sucking pattern.
- The American Academy of Pediatrics (AAP) discourages pacifier use with breastfeeding babies until they are one month of age and then only if baby accepts it.

3.1.6 Use of formula

- Some hospitals may routinely provide artificial milk if a baby is not nursing well within hours of birth.
- Mothers should know and ask about alternatives to formula if her baby requires supplementation.
- Mothers can express colostrum by hand to give baby by an alternative method, e.g. spoon, dropper, or cup.
- For a baby who is able to latch, an at-breast supplementer can be used for any complement feeding.

3.1.7 Glucose testing

- Glucose is an important source of energy for a newborn. The baby has received glucose through the placenta and umbilical cord and stored it in his body. These levels can drop in the first hours after birth as he gets used to being outside the womb.
- Some hospitals may have a policy with certain risk parameters that require glucose testing.
- Policies may also require supplementation with formula if the test shows low blood sugar.

The mother can ask her health care provider what test results indicate that her baby might have a need for supplementation, and work with him/her to develop a plan of action that maintains and values breastfeeding. Immediately putting baby to breast after delivery can help maintain his glucose levels.

3.1.8 Water

- Some hospitals routinely provide water (sterile or glucose) if a baby shows signs of jaundice.
- Colostrum is most effective at flushing out meconium and preventing jaundice.
- Offering water can interfere with establishing the mother's milk supply and increase the risk of jaundice.
- Increased frequency of breastfeeding and constant skin-to-skin should be encouraged as a better way to help prevent jaundice.

3.1.9 Blood tests for newborn metabolic screening

- May be required by government health authorities.
- Routinely done by pricking the baby's heel.
- Usually takes place 24 hours after birth or later.
- Breastfeeding during painful medical procedures acts as a natural painkiller, alleviating the symptoms of pain, such as crying and grimacing.

3.1.10 Other medical procedures

- These can include: administration of vitamin K, eye drops, and vaccinations.
- There can be a variety of impacts on baby:
 - Can affect a baby's willingness to feed.
 - Eye drops can blur baby's vision and can be delayed until mother and baby have bonded.
 - Most procedures can and should be done while in mother's arms.

3.1.11 Circumcision

- Can cause an extended deep sleep period after the procedure.
- Is preferably delayed until the day of discharge or later, as in religious rites.

3.1.12 Test weighing

It is a process of checking intake by weighing before and after a feeding.

- Is not usually necessary.
- May not be an accurate assessment tool in the first few days of life, resulting in baby receiving supplementation and interfering with mother's milk supply.
- Can be helpful, however, in situations where supplementation may be encouraged by staff who do not trust mother's supply to be adequate.
- Leaders can support mothers by offering ways to dialogue with health care providers about other signs of infant growth and well-being and ways to support breastfeeding.

3.2 Getting started with breastfeeding after a challenging birth experience

3.2.1 Begin with the basics

- [Skin-to-skin contact](#)
- Positioning and latch

3.2.2 Acknowledge the mother's feelings

She may feel:

- Disappointed, frustrated, or angry with herself or her body.
- Overwhelmed by the ordeal she has been through, exhausted and in pain or discomfort.
- Afraid that the "window" for beginning breastfeeding has closed, or that breastfeeding will be another physical and emotional struggle.
- A lack of confidence that she and her baby can breastfeed successfully.
- Triumphant that she and baby have survived the challenge and look forward to breastfeeding

3.2.3 Offer support and encouragement

A new mother is likely to benefit from feeling that she and her baby are cared for, safe and secure. She can relax in the knowledge that all she has to do is look after her new baby.

A mother who had a challenging birth experience may need to share the story of her experience with you. Offer a listening ear as well as support and information.

3.2.4 Additional support

If the situation is beyond the normal course of breastfeeding, you can seek additional support from:

- Your Area's Professional Liaison Department in order to help the mother effectively
- Specialists in health care specific to her needs
- A local IBCLC

3.3 When the mother is in pain

A woman can have pain from stitches in her abdomen after a cesarean birth or on her pelvic floor after vaginal tearing or an episiotomy which is the surgical cut to enlarge the vaginal opening.

Some ways that can help the mother breastfeed more comfortably when she is having pain:

- Different positions – suggest laid back, side-lying, or the football or “clutch” hold
- Pillows to support her arms and baby and/or to protect her abdominal incision.

Many pain medications are compatible with breastfeeding. The mother can ask her health care provider about appropriate medications. A Leader can give the mother information about what to consider when the mother and her care provider evaluate a drug's compatibility with breastfeeding.

Refer to:

- La Leche League International website, “Breastfeeding Info A to Z,” Medications- A Quick Guide for Parents: <https://www.llli.org/breastfeeding-info/medications-quick-guide-parents/>
- “Questions about Medications while Breastfeeding,” *Leader’s Handbook*, for information on how to discuss medications with a mother.
- Area Professional Liaison Leaders

If a baby exhibits excessive sleepiness or other side effects while a mother is using any medication, she should inform her doctor immediately.

3.4 When the baby can’t or won’t breastfeed

Many different factors can contribute to difficulties starting breastfeeding:

- A premature baby may have a weak suck due to an immature nervous system.
- A newborn baby can be very sleepy, especially after a medicated delivery.
- There may be other concerns or breastfeeding challenges unrelated to the birth experience.
- It is important for the mother to know that, even though breastfeeding may be delayed, she and her baby can still breastfeed.

A Leader can help by:

- Supporting the mother who needs to express her milk until the problems resolve.
- Providing information about alternative feeding methods, e.g., spoon, dropper, or cup to avoid bottle use.

If the mother opts to use bottles, discussing ways to mimic breastfeeding as much as possible can make the eventual transition to breastfeeding go more smoothly. Some of the ways to do this include:

- Holding the baby in a nursing position.
- Using a “slow-flow” nipple that is soft and long enough for the baby to draw to the back of his mouth.
- Touching the baby’s lips with the bottle nipple and waiting for him to open wide.
- Letting him draw the nipple in himself.
- Keeping the bottle in a nearly horizontal position so that the baby controls the flow and draws the milk from the nipple himself.

A Leader’s support will be important while the mother works to get the baby to the breast, especially if her breastfeeding experience continues to be challenging.

4 BABY CARE

4.1 Skin-to-skin contact

Skin-to-skin contact between mother and baby is normal, natural, and facilitates breastfeeding:

- The mother's chest is the normal habitat for a newborn baby.
- Mother and baby learn about each other through touch, warmth, and smell.
- Baby is unclothed and rests against mother's chest, lying between her breasts.
- Baby has a blanket tucked over the back and around the feet or he is covered by mother's clothing.
- If there are concerns about the baby's temperature, he can wear a hat.

As a result:

- Baby is better able to maintain body temperature.
- Baby's heart and breathing rates become more regular.
- Baby is able to make eye contact with mother more easily.
- Baby may explore his mother's nipple and attempt a few tentative sucks, which is especially gratifying to the mother.

Skin-to-skin contact can be helpful for any mother and her breastfeeding baby.

- Mother and baby can enjoy skin-to-skin contact at any stage.
- Baby will be calmed and rest well whenever he is close to his mother in this way.
- Other designated family members can also practice skin-to-skin care.

If baby bobs and slides down to a breast, mother keeps baby's bottom close to her so that baby feels secure.

4.2 Skin-to-skin in hospital

- While pregnant, mother will want to determine if the hospital/birth center supports skin-to-skin contact and initiation of breastfeeding within the first hour.
- A healthy, unmedicated baby will generally show interest and initiate breastfeeding when ready. Keeping baby skin-to-skin with mother from birth allows for a relaxed, unrushed, baby-directed progression to latching.
- If the baby is too irritable or overwhelmed to take an interest in breastfeeding, skin-to-skin contact is sometimes enough to restore normal behavior within 15-30 minutes.
- If skin-to-skin contact is delayed for any reason, the mother and her birth partner can advocate for this to begin as soon as the mother and her baby are ready.
- If the mother is very tired or is affected by medications that make her sleepy, she will need someone to stay with her to assure the baby will not slip out of her arms.

4.3 Laid-back position

The laid-back method of positioning is sometimes called "biological nurturing." It is especially helpful if a baby has a sore head or has been pushed onto the breast by an overenthusiastic helper. As described by Suzanne Colson:

- Mother reclines at an angle of about 45 degrees with chest area uncovered. She can wear a big shirt or pajama top open at the front and have a cool drink nearby.
- Baby can be clothed or wearing just a nappy/diaper. He lies on the mother's chest, between her breasts or slightly above. Baby's whole body is facing mother and baby's head is turned to one side.

- Baby has a blanket tucked over the back and around the feet or he is covered by mother's clothing.
- If there are concerns about the baby's temperature, he can wear a hat.
- If the mother is very tired or is affected by medications that make her sleepy, she will need someone to stay with her to assure the baby will not slip out of her arms.

Note: See “4.1 Skin-to-skin contact” and “4.2 Skin-to-skin in hospital” for more information. During those initial feedings in the birthing suite/labor room, a nurse will be present to observe mother and baby and to take vitals at regular intervals.

4.4 Rooming-in

- May or may not be an option.
- Allows mother to get to know her baby and to respond early to hunger cues, such as fist sucking or rooting.
- Facilitates the early breastfeeding relationship.

4.5 Co-bathing

- Can be relaxing for both mother and baby.
- Provides an opportunity for skin-to-skin contact and easy access to the breast.
- Requires common sense precautions regarding water temperature (warm to the mother’s elbow, not hot), with most of baby’s body submerged to retain body heat.
- Should have another adult present who is available to hold the baby as mother steps in and out of the bathtub.

4.6 Baby carriers

There are many styles of carriers. A mother may need to experiment to find the best fit and adjust as baby grows. Baby carriers worn by the mother can provide a way of keeping the baby close and within easy reach of the breast.

Wearing the baby in a soft carrier or sling facilitates breastfeeding in many ways:

- It’s convenient.
- Movement can help calm the baby and help a baby to “organize” and nurse more effectively.
- The mother’s arms are free to care for older siblings.
- Babies who are slow weight gainers tend to nurse more and gain more when worn.
- Meeting a baby’s need for closeness can lead to more independence as the baby grows.
- Baby-wearing reduces crying and provides the sensory stimulation that babies need to learn about the world around them.
- Keeping her baby close allows a mother to notice early hunger cues, reducing crying.
- Encouraging frequent feedings helps maintain the mother’s milk supply.
- Baby-wearing keeps the baby happy and secure.
- It helps the mother’s postpartum moods adjust more smoothly.

5 MOTHER SUPPORT

After birth, support for the new mother is critical. This can include family members and friends as well as La Leche League. Offering effective support includes knowing when and how to refer a mother to others for additional help. Challenging birth situations may place some mothers at an extra risk for difficulties in bonding with their baby, postpartum depression, and post-traumatic stress disorder (PTSD).

5.1 When the mother needs more help

If a mother needs more help than you can give her, or if her concerns go beyond the scope of breastfeeding support, you can:

- Suggest that she contact her health care providers or other professionals and support agencies as appropriate to her situation.
- Refer her to a list of resources in your community, such as breast pump rental stations, lactation consultants, and other professionals and agencies/organizations that offer support to mothers.

Your supporting Leader or a Professional Liaison (PL) Leader can help you learn about resources available in your area. Offer the mother several options relevant to her situation; she can decide what will be best for her and her baby.

5.2 When childbirth is discussed at a La Leche League meeting

- Keep the focus of the conversation positive
- Discuss a variety of plans and actions that can help get breastfeeding off to a good start, regardless of the context of the birth.
- Emphasize that “alert and active participation in childbirth” covers a broad spectrum of possibilities.
- Refer to *The Womanly Art of Breastfeeding* and other Group library books on pregnancy, labor, and birth to demonstrate what is meant by the La Leche League (LLL) childbirth concept.
- Invite different mothers at a meeting to discuss their varied birth choices and the positive or negative effects those choices had on the initiation of breastfeeding.

5.3 Balanced discussion

Facilitate a balanced discussion of experiences. Avoid letting the discussion become dominated by those who had a particular type of birth experience, e.g., particular labor medication or particular birth setting, because:

- It can lead to a misunderstanding of LLL philosophy.
- A mother may not see herself fitting in if her experience has been different.
- A mother may discount valid suggestions if she sees the Group as biased.
- Open discussions demonstrate that LLL philosophy offers a workable approach to birth.

6 CONCLUSION

- When mothers share their birth experiences, the discussion can be lively and sometimes emotional.
- Ask your supporting Leader about her experience of providing support to mothers regarding childbirth.
- Discuss ways to keep the focus on breastfeeding while allowing mothers to share their experience of a life-changing event.
- Talk about how to keep the discussion positive while not diminishing any mother's childbirth challenges.
- Listen, support, and provide information. That is the role of the La Leche League Leader.
- Remember that you don't need to be an expert on childbirth in order to help mothers breastfeed.
- Knowing a mother's childbirth experience can shed light on the breastfeeding challenges she is facing.
- Knowledge can guide our response, so that we offer her information that will be helpful to her situation.
- We take care not to imply to the mother that she caused these problems by her choices during the birth.
- Our goal is to help the mother work with her present situation so she and her baby can get off to a good start with breastfeeding.
- For book titles to suggest to mothers or for you to learn more about birth and breastfeeding, consult the titles listed in [7 RESOURCES](#) of this booklet.

If you have questions about any of the information in this booklet contact your supporting Leader. She may know the answers to your questions and/or can refer you to other resources. She can also contact the Professional Liaison (PL) Leader in your location, who has access to more detailed information.

You and your supporting Leader might discuss which childbirth scenarios are most common where you live, and what kinds of questions you are most likely to receive from mothers. By educating yourself about the options as well as risks and benefits of the different childbirth choices, you will be better able to support mothers who have had all types of birth experiences, and to help them have a satisfying breastfeeding relationship.

7 RESOURCES

7.1 Books

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Note: Starred references (*) are specifically directed to expectant/new mothers.

7.2 Research articles

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