

Abstract

What Women Want: Supporting Breastfeeding after Caesarean Birth [†]

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Caesarean birth is associated with suboptimal breastfeeding outcomes such as delayed initiation, a higher incidence of difficulties and shorter duration when compared to vaginal birth. Contributing factors may include post-operative pain and reduced mobility as well as higher rates of maternal and infant health complications. Breastfeeding experiences may also differ between women that have elective and non-elective caesarean births as well as between primiparous and multiparous women. Exploration of women's experiences of establishing breastfeeding after caesarean birth is needed to better understand their needs.

A mixed-methods descriptive study was conducted using an anonymous online questionnaire to determine Australian women's experiences of establishing breastfeeding in hospital and during the first 2 weeks at home after caesarean birth. Thematic analysis of qualitative data was used to identify themes relating to breastfeeding establishment. Inclusion criteria were birth at ≥ 37 weeks gestation within the previous 12 months, and age ≥ 18 years.

Questionnaires were completed by $n = 961$ women that were 33.0 ± 6.2 years of age, $n = 480$ (50%) primiparous, and 6.1 ± 4.3 months postpartum. Reported caesarean birth types were non-elective, 42.9%; elective for medical indications, 39.5%; and elective by maternal request, 17.6%. Initiation of breastfeeding occurred within an hour of birth for $n = 675$ women (70.2%), and $n = 771$ (80.2%) breastfed their infant during the postnatal ward stay. One third of women ($n = 275$, 32%) reported it was easy to pick up their baby to breastfeed and half ($n = 418$, 49%) received conflicting information from hospital staff. Qualitative themes relating to breastfeeding establishment included experiences of clinical care, maternal expectations and difficulty in picking up the baby. Aspects of care found to be helpful included midwives spending time with women to show and explain breastfeeding, consistent advice and recognition of multiparous women that needed breastfeeding support. Physical and emotional support of the partner was highly valued.

In the days following caesarean birth, women benefit from physical support in accessing the baby for breastfeeding, while availability and consistency of clinical lactation support is vital. As the current global midwifery shortage poses challenges to staffing, inclusion of the partner in breastfeeding education and extension of their 'visiting hours' may



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improve breastfeeding support, while re-examination of the education of all postpartum health care providers is needed to ensure consistent evidence-based lactation care.

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