

Breastfeeding After a Cesarean Delivery



Almost 1/2 of babies are born by caesarean in China, which is the highest caesarean section rate worldwide. Whether your cesarean was planned or an urgent situation, it can make initiating breastfeeding a bit more difficult. It is major surgery, so your body will need time to recover. Please do not feel that you have “failed” or did anything to contribute to the surgery. The important thing is that your baby is healthy! Be flexible to meet your baby’s needs. There is no reason that your surgery will prevent you from breastfeeding successfully and for as long as you would like.

Breastfeed right after delivery

You can breastfeed in the recovery area. Your husband/partner can hold your baby skin-to-skin until your surgery is completed. Studies show that babies feed better if they have been held skin-to-skin uninterrupted until the first feeding.

In some hospitals your baby can enjoy skin-to-skin while you are still in the operating room and your surgery is ending. Then your baby can begin breastfeeding when he is ready. Ask, as soon as you know about your surgery, when breastfeeding can begin.

Discuss the options of general versus regional anesthesia before surgery. Often in elective cesareans, regional anesthesia is an option and mothers are able to breastfeed sooner. Even if general anesthesia is used and putting the baby to the breast is delayed, you can make up for lost time once you are together.

Recovery

The hospital stay will be longer after a cesarean than after a vaginal delivery. Since you will be recovering from surgery as well as learning how to care for your new baby, it makes sense to take it easy, limit visitors, get as much rest as possible and take advantage of family members and friends who want to help. Take the pain medication that is offered to you in the hospital and at home.

These medications do pass through breast milk, but in very small quantities. Keep yourself comfortable. Your recovery will be faster.

Your milk may be a bit slower to “come in” due to the surgery. Feed frequently (at least 8-12 times each day) and assure that your baby is feeding effectively.

Positioning

Find a position that is comfortable for you to nurse. It may be a football hold, or a “baby on top” position with his legs off to the side so they are not resting on your incision. Tuck pillows or blankets in wherever you need a little support. See the handouts on positioning your baby.



Baby “on top”, across moms body, feet positioned away from your incision



Football hold with blanket for wrist support

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.