

Breastfeeding after a Cesarean Birth

There is no reason a Cesarean birth should keep you from breastfeeding your baby. If you are having health problems, breastfeeding or pumping can be delayed briefly until you are ready and able. If your baby is having health problems, providing breastmilk for your baby is the best thing you can do for your baby's health.

If you have a regional anesthesia (a spinal or epidural) during surgery, you should be able to view your baby shortly after your baby emerges. Feel free to ask for skin-to-skin contact with your baby as soon as possible. Many mothers are ready to hold their baby and start breastfeeding while still in the recovery room.

Do not worry if you need help to hold your baby after birth. Your baby will love being close to you. Research has shown that skin-to-skin contact keeps a baby just as warm as being in an incubator or a warming bed. It also helps to keep a baby's blood sugar normal and helps to calm both a mom and baby.

Once in your postpartum room, you may want to have someone help you position your baby at your breast in the clutch (football) hold under one of your arms. This will keep baby's weight off your incision. Don't worry if you need assistance positioning and holding your baby. You have just had a baby and you are recovering from major abdominal surgery.

This early contact at the breast will stimulate the release of oxytocin, which helps the uterus to contract back to non-pregnant size and stop bleeding. **Oxytocin** is also the hormone that causes milk to let down. Your baby's suckling releases **prolactin**, which supports milk production. These hormones work together to create calm and relaxing feelings for you and your baby.

During the first 24 hours you will probably have an intravenous line (IV) for pain control. This means that one of your hands will have tubing attached to it. Take your time getting baby situated so that the tubing is not in the way.

Whenever baby appears interested, or at least every 2-3 hours, have someone (a nurse or your partner or a family member) help you position your baby to nurse. Many women find the clutch (football) position easiest in the first couple of days before you are mobile and moving around easily. It is also possible to nurse while semi-reclining in bed to minimize pressure on your abdominal stitches. (See our information on *Helping Your Baby Latch.*)

Do not be afraid to take pain medication. If you are comfortable, you are more likely to feel like nursing. Being comfortable will also help to promote the let-down of your milk. You can taper your medications as your pain level decreases.

As you recover from surgery, take care of yourself. Rest frequently, eat a balanced diet, and drink fluids to aid in healing. Seek assistance from anyone in your support system to do laundry, cook meals, run errands, and help with other children. Your only jobs should be healing and feeding your new baby.

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For additional
information:

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If your baby is early (premature), or is not able to feed at your breast:

To make enough milk to feed your baby long term, it is important to establish a full milk supply as soon as possible, ideally in the first 7-14 days after your baby is born. If your baby is born early, or has medical needs, your milk is even more important to your baby's health, and every drop is precious. Do not hesitate to ask your nurse or a lactation consultant to help you start removing milk from your breasts, or pumping, as soon as possible after birth. You may feel weak or tired and you may need assistance. This is normal.

At first, you may only produce a few drops of colostrum. Some mothers find that hand expression is more effective than a breast pump in the first day or so. You can feed colostrum to your baby in a syringe or from a spoon.

When using a breast pump, you may need help to remember to pump frequently, or you may need help holding the pump parts. **Use a very high quality double electric pump (like the Medela Symphony) and pump both breasts every two to three hours for about ten minutes.** Work towards at least eight times a day as soon as physically possible. You may find that using a pumping bustier is helpful because you do not have to hold on to the pump parts as you pump.

Stimulation of your breasts and milk removal is very important for a long-term milk supply. If your baby is premature, the Symphony Medela utilizes an initial "premie" program to optimize milk production. Visit <https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html> to watch a video with instructions for "hands-on" pumping and the latest research.

If you are exclusively pumping, work towards pumping at least 16 ounces (480 cc) in 24 hours by the end of the first week, increasing to at least 27 ounces (810 ounces) in 24 hours by the end of the second week, if possible. This amount of milk may be more than your baby needs initially. However, as your baby starts to take more milk, you will then have the milk that your baby needs. Your breasts will modify prolactin receptors based on milk removal in the early weeks. It is important to aim "high" so you have sufficient milk down the road. If you are concerned about your baby's weight gain or your supply, please talk to your baby's health care provider or an IBCLC. You may also refer to our information on ***Milk Supply and Weight Gain for Breastfeed Babies*** and ***Supporting Your Milk Supply***.

As your baby starts to feed at the breast, ask for help to obtain a good latch. A deep latch will result in better milk removal and weight gain for your baby and will help maintain your milk supply. If your baby has been fed away from the breast for some time, it is important to be patient with your baby and yourself as you both learn how to breastfeed. Your baby may want to breastfeed, but may be very accustomed to feeding from a bottle. Working with an IBCLC, and spending time with other mothers who are breastfeeding a premature baby, may be helpful. Remember: any amount of milk, and any time at the breast is valuable for your baby.