

Kapi-Mana Multiple Birth Club

Breastfeeding After a Caesarean

Sometimes, despite our best preparations during pregnancy and birth, a caesarean becomes unavoidable. In these situations, many basic breastfeeding tips become particularly important to the breastfeeding trio. Many mothers report that breastfeeding was part of the healing process, especially when a caesarean wasn't part of the original plan.

The good thing about breastfeeding twins post a caesarean birth, is that the easiest way to tandem breastfeed does not put any pressure on your healing abdomen.

Early and Often

Ask to see and hold your babies as soon as possible after birth - if you can, even in the recovery room before the anesthetic wears off. With help from nurses and your partner, you can enjoy skin-to-skin contact, and give your babies an opportunity to nuzzle at your breast. The frequent smell of your skin is helpful in starting to breastfeed. When either baby is hungry or fussing, have the nurse or your partner bring baby to you and help you position his body and mouth for efficient latch-on. Take the opportunity to introduce the other baby at the same time – encouraging your let down reflex and learning to breastfeed. Colostrum is very important to newborns so try and relax as you wait for your milk to come in, which may take a day or two longer, due to medications.

As much as possible, keep your babies with you in your room after a caesarean. Rooming-in is possible and preferable, especially after a surgical birth. Get help you're your partner, relative or friend - someone who can be with you most of the time in the hospital and help with the babies. This way, you can watch for each babies cues and feed regularly.

Your doctor can prescribe pain medication for you that will not affect your baby. Don't be afraid to use pain relief. Pain suppresses milk production and makes it harder for you to enjoy your babies. Many of us soldier on unnecessarily after childbirth.

Comfortable positions to feed - Side Lying

Find out more about positions that keep weight off your incision.

Breastfeeding in a Side-Lying position (one baby at a time) can be comfortable and helps you rest and relax. When lying down, place one or two pillows between your back and the side-rail or wall, another pillow between your knees, a pillow under your head, and one under baby. To support your incision while lying on your side, wedge a *tummy pillow* (a small, foam cushion or even a folded bath towel) between the bed and your abdomen. Baby can then be placed on his side facing your body - chest to chest. No matter what position is used, baby should be directly facing your breast without having to turn his head.

Draw baby's feet close to your body with his head either lying on the pillow or on your arm - whichever feels more comfortable. If baby is nursing on the right breast, lie on your right side and use your left hand to support your breast as you help baby get latched on. Once baby is latched and suckling well, pull baby in close and lean back against the pillows behind your back.

Some babies can want to suckle for a long time - this is a great way to use baby's needs to meet your own need for rest as well.

Comfortable position to feed both babies – Football/Clutch Hold

If you sit up in bed to nurse one baby in the traditional cradle hold, use lots of pillows to support your body. Put pillows under your knees to take the strain off your abdomen and back. Pillows on your lap under baby will protect your incision. You may find nursing sessions more comfortable if you get out of bed and sit in a chair - but take this slowly, and it depends on the chairs in the hospital.

Both babies in the football/clutch hold – There are several ways you can do this. It may seem like a military operation at first – but it will soon become more straight forward and manageable. Either arrange one baby first and then the other, or arrange both babies on pillows by your sides and then try to latch each on. Arrange baby on a pillow at your side with his head close to your breast, his body along your forearm and his feet behind you. Baby should comfortably reach your breast without moving his head sideways or tilting up or down. Supports baby's head with your

palm on baby's back and your fingers behind his ears. Be careful not to push the back of the baby's head as this may cause him to pull away from the breast. Use your other hand to gently cup the breast with the thumb on top and her fingers on the bottom well behind the areola (C hold). Once this baby is firmly attached, and comfortable (using pillows, rolled up nappies) gently arrange the other. You will need the assistance of someone else for this in the first few weeks.

Include your partner (and any other helpful friends and relatives!)

Your partner will have lots of opportunities to bond with babies while you recover. Changing, burping, cuddling, walking, soothing, and bathing. Ask your partner to watch how the midwife and other health professionals help you breastfeed. Have them show him how to help you in the hospital and later on at home. They may want to learn a little about breastfeeding too - their encouragement and belief in what you are trying to achieve is really important.

Latching On. How baby latches onto the breast can affect how comfortable breastfeeding is in the early days. Making sure baby opens his mouth wide and takes more than the nipple into his mouth will enable him to latch on well and feed effectively without causing pain or damage to the nipple. Effective latch also aids efficient mother milk production. Relaxing and using your hand in the 'C hold' mentioned above will help, as well as bringing baby to the breast, chin first, so he can take in as much of the areola as possible. Trust yourself - if it doesn't feel right, take baby off and try again. Release baby's suction by gently hooking your little finger between his lips at the edge of his mouth. If pain gets worse or continues during a feed, seek help from a knowledgeable midwife or La Leche League Leader.

TIP – in the first few weeks, assign each baby a breast ie Jo has the left, Bob has the right. This way if one breast develops pain, you will know that one baby may need extra assistance with correct positioning. When you are a pro at this breastfeeding thing, you can change or keep it going – you will know what will work for you.

Use of artificial nipples. Some babies have difficulty learning how to suckle from the breast and suck from a teet - if it is all happening at once. Some babies don't have any problem at all. "Nipple confusion" can cause baby to feed inefficiently and can cause pain to the mother. Where at all possible avoid artificial nipples (pacifiers / bottles) for 4-6 weeks to give baby time to learn the art of breastfeeding first.

Go with the flow. This is a precious time with your new babies. Do whatever you can to relax and savour these first few days together. If you would like to explore your feelings post a caesarean, I have a few books that may be interesting to read – my details are below.

Bibliography

Breastfeeding After Caesarean www.askdrsears.com

Breastfeeding After Caesarean - La Leche League Booklet

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