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Review Article

Breastfeeding

Early Initiation of Breastfeeding: Caesarean Mothers' Challenges and Coping

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This narrative review aims to identify the available literature related to factors related to caesarean section and early initiation of breastfeeding, challenges which cause hindrance to early initiation of breastfeeding and the coping strategies mothers could employ to overcome the challenges. The narrative review secondarily helps the author to select the study design, methodology and development of the questionnaire. It is a well-known fact that early initiation of breastfeeding is an essential component in the crucial first hour after birth. The review compares the data obtained through various searches regarding early initiation of breastfeeding in vaginal and caesarean delivery. Also, some factors which are responsible for delay especially in the case of caesarean section are identified which would help in the planning of assessment questionnaire components. Apart from caesarean section delivery being the main determinant for late initiation of breastfeeding, the associated clues like post-operative pain, delayed mother-newborn dyad contact, and lack of maternal efficiency in handling newborns after birth play an important role in determining breastfeeding initiation. Family and partner support had a great role in coping with post-partum anxiety.

Keywords: early initiation of breastfeeding (EIBF), caesarean section, vaginal delivery, challenges, coping strategies

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Objective of this article

This review article aims to identify the existing literature regarding challenges faced by caesarean section mothers in the early initiation of breastfeeding and the coping strategies adopted by them. However, the researcher was able to find less existing literature on the coping strategies, a relationship between caesarean section and early initiation of breastfeeding was justified using existing evidence. The included literature includes:

- Factors affecting early initiation of breastfeeding in caesarean-delivered mothers.
- Challenges to early initiation of breastfeeding in caesarean section delivered mothers.
- Effect of social support on early initiation of breastfeeding among caesarean delivered mothers.

Introduction

Early initiation of breastfeeding is the best start of newborn life by putting the newborn on the mother's chest immediately after birth or within one hour of birth [1]. It is a crucial intervention which prevents newborn deaths and improves childhood nutrition. As recommended by the WHO and UNICEF irrespective of the place of delivery, i.e. whether delivery occurs in a hospital in cities or a hut in a rural village, early skin-to-skin contact by putting the baby on the mother's chest is the best way to enhance survival and potential of newborn. [2]

Evidence has been drawn in the comparative studies regarding the relationship between early initiation of breastfeeding and with mode of delivery. It was concluded in the study that late incidences of initiation of breastfeeding are higher in caesarean section mothers than in vaginal delivery. 50.49 % of those who had caesarean delivery were having late initiation of breastfeeding in comparison to 35. 34% who had a vaginal delivery. [3]

The National Family and Health Survey of India -4 shows that there is 78.9% of institutional deliveries taking place in the country. As per the NFHS 5 data fact sheet India holds 32.3% and 17.6% of births by C- section in urban and rural settings respectively. In this lane, the state of Madhya Pradesh accounts for 23.3 % and 8% of its total births via the Cesarian section in urban and rural settings respectively. [4]

This rise in the rates of caesarean section in the Indian sub-continent is attributed to the changing lifestyle of the female in the developing nation. The lack of physical activities and changing dietary habits of urban females make them more prone to opt for caesarean delivery. Other factors which may contribute to caesarean delivery are health implications, increasing literacy, organizational factors, financial incentives, and socio-cultural factors. [5]

Early initiation of breastfeeding

Early initiation of breastfeeding is the first step towards infant nutritional support after birth. It has been advised that breastfeeding should be begun as early as within the first half to one hour after birth. This first hour also called the golden hour of survival in terms of sick newborns, is the period in which a newborn is attempted to be kept warm (normothermic) and sweet (normoglycemic).

This could be effectively achieved if early rooming-in is done at an appropriate time. For this target to be achieved efforts are being made since the antenatal visits done by the mother. Antenatally mothers must be educated regarding components of this first hour of birth. There is evidence that those mothers who did not have prior antenatal visits and delivered by non-professional staff in low-income countries especially are less likely to take this step post-birth. [6]

There were other identifiable factors from the literature review which enhanced or delayed breastfeeding among mothers. The factors which enhanced breastfeeding were mothers' positive behaviour in kin to educational level, completion of antenatal care, poor economic situations of mothers, and babies' size at birth [7]. It is understood from the findings that completion of antenatal visits has been playing a key role in advancing mothers' preliminary knowledge regarding breastfeeding and changing their attitude towards breastfeeding initiation. Babies' size at birth as perceived by the mother also helps in promoting breastfeeding.

Another theme which emerged from the literature review is breastfeeding self-efficacy. A satisfactory feeling is perceived by the mother during breastfeeding which is the result of cooperation between the mother and infant to accomplish the desires or needs [8].

Breastfeeding has a physiological impact on the mother-infant dyad and both get satisfaction by indulging in this practice of feeding. This satisfaction was achieved by educating the women and promoting breastmilk to professional health care providers through breastfeeding programmes. This feeling of satisfaction has helped to continue to breastfeed the babies till 2 years of age.

So this section of the review gives a reflection of the fact that some of the socio-demographic determinants do affect breastfeeding initiation, mode of delivery being the core of it. This section helped the author to define the components of socio-demographic data for the tool, as well as the available tool to assess breastfeeding practices and behaviour. In the next section challenges to early initiation of breastfeeding in the caesarean section are discussed.

Challenges to early initiation of breastfeeding in caesarean section delivered mothers.

The window period to initiate breastfeeding lies within 1 hour of birth. The delay of this intervention can be attributed to a variety of factors. In general, there are some of the identified barriers places of delivery, education, mothers' age, gestational age at birth, mode of delivery, rooming–in, availability of pre-lacteal feed, hospital policies, mothers' health-post-delivery and socio-cultural beliefs. [8]

A demographic health survey in Turkey (2013) cited that there are negative consequences of caesarean section delivery on the physiology of lactation and the behaviour of new mothers in early post-partum. [3] Now the question arises whether the caesarean section has any effect on the early initiation of breastfeeding. If yes, what are the challenges a caesarean-delivered mother has to face to breastfeed her newborn in the early hours of birth?

To achieve the goal of enhancing breastfeeding practices, there is a need that it should be initiated as soon as possible i.e. early initiation of breastfeeding within 1 hour of birth and then after it should be practised exclusively for the first 6 months of life, and it could be continued for the next two years of life supported by appropriate complementary foods. An analysis of national survey data was published in November 2018. The survey examines trends and predictors of optimal breastfeeding among children 0-23 months in South Asian countries.

The findings suggest that the predictors for below optimal level practices of breastfeeding are: caesarean delivery (4-25%), small size of baby, lack of women empowerment and home delivery. Also, it was revealed a common factor related to the barrier to EIBF was caesarean delivery. [9]

Studies have identified some of the barriers to early initiation of breastfeeding are caesarean section pain, poor breast latch, maternal exhaustion, suboptimal maternity ward environment, and lack of breastfeeding support. The interruption to early initiation of breastfeeding occurring immediately after post-partum is attributed to a newborn complication of respiratory distress, very premature birth, anaphylaxis reaction and maternal PPH. [10]

A missing aspect analysed by the author was that the literature does not assess the degree of challenges faced and also a comparative assessment was lacking between a primigravida and multi- gravida both of whom had undergone caesarean delivery. This identified gap could help in planning the interventions solely for caesarean mothers. The author gained insight into the challenges and incorporated the gap by planning a Likert-type scale to identify the challenges and additionally incorporating the parity of the women in socio-demographics.

Coping strategies

The literature searched using the key terms presented results for coping post post-operative pain after caesarean section, pre-operative anxiety; physiological, cognitive, and emotional effects, psychosocial outcomes following emergency caesarean section and the relationship between perceived social support and anxiety before and after caesarean in pregnant women. There was no online literature found regarding the coping in early initiation of breastfeeding using the key search terms. Although there was some literature found regarding the impact of lactational support groups on the initiation of breastfeeding and the effect of intimate partner violence on maternal mental health and breastfeeding.

The lactational support group included the components which were antenatal counselling, postnatal assessment, continuing support during follow-up, constant surveillance, internal audits, and regular inter-professional team meets.

These were the institutional strategies to combat the delay in breastfeeding initiation due to the OT process. This was a multidisciplinary team approach to shorten the time of initiation of breastfeeding in caesarean section. This was a successful approach to EIBF in caesarean delivery.

As a part of health care team, a nurse also plays a major role in shifting of newborn from the neonatal unit to the mother's side. Therefore, the loopholes were identified and actions were undertaken. A lacuna of this approach was mother's self-motivation and efficacy in breastfeeding initiation. The support group should have identified maternal self-coping with barriers for sick and preterm newborn and their maternal satisfaction would have been assessed. [11]

Another literature regarding coping was impact of partner violence on maternal mental health and breastfeeding. Breastfeeding initiation requires a mother's physical, physiological, emotional and social efforts to accomplish it. Any mental trauma can be a hazard to this process. An effort was made to rule out whether partner support and violence had any effect on breastfeeding. It was found that there was an indirect relationship between partner violence on breastfeeding. Study states that women who experience high levels of emotional stress and depressive symptoms negatively stimulate physiological pathway of lactation and lead to delayed breastfeeding initiation.[12] So, author felt a need to include social and emotional coping components in questionnaire to assess coping strategies of mothers.

A summary of the literature is given in the table below.

Sn	Title	Author	Methods	Findings
Factors affecting early initiation of breastfeeding in caesarean-delivered mothers.				
1.	Factors associated with the early initiation of breastfeeding in the economic community of West African States (ECOWAS). [6]	Ezeh OK, Ogbo FA, Stevens GJ, Tannous WK, Uchechukwu OL, Ghimire PR, Agho KE,	A weighted from the recent Demographic and Health Survey dataset in the ECOWAS for the period 2010 to 2018 was pooled. Survey logistic regression analyses were used for analysis.	Mothers who had a caesarean delivery (who did not attend antenatal visits (ANC) during pregnancy, and delivered by non-health professionals were more likely to suspend initiation of breastfeeding past one hour after birth.
2.	Trends and determinants of early initiation of breastfeeding and exclusive breastfeeding in Ethiopia from 2000 to 2016. [14]	Ahmed, K.Y., Page, A., Arora, A.et al.	Using the Ethiopia Demographic and Health Survey (EDHS) data Multivariate logistic regression was used to conclude.	To improve breastfeeding results and encounter the comprehensive breastfeeding targets in Ethiopia, infant feeding efforts should emphasise improving key modifiable factors, including place and mode of birthing and socioeconomic status of mothers.
4.	Maternal and neonatal peripartum factors associated with late initiation of breastfeeding in Bangladesh: a secondary analysis. [15]	Roy A, Hossain MM, Ullah MB, Mridha MK.	A cluster-randomised controlled trial was conducted in rural northwest Bangladesh.	Findings from this study suggest that to reduce LIBF, peripartum maternal and neonatal complications should be prevented and treated.
5.	Determinants of early initiation of breastfeeding in Ethiopia: a population-based study using the 2016 demographic and health survey data. [16]	John JR, Mistry SK, Kebede G, Manohar N, Arora A	The study employed the 2016 Ethiopian Demographic and Health Survey data.	The proportion of infants who had timely initiation of breastfeeding was 74.3%. Mothers delivering by a caesarean section had 86% reduced odds of early breastfeeding initiation when compared to mothers who had vaginal delivery.
6.	Breastfeeding self-efficacy as a dominant factor affecting maternal breastfeeding satisfaction. (2019). [8]	Awaliyah, S.N., Rachmawati, I.N. & Rahmah, H.	This cross-sectional study used a cluster sampling spread over 62 Community Health Centers in Bandung, West Java, Indonesia.	Promotion of breast milk and breastfeeding is provided by professional healthcare providers Assistance by a health care provider or breastfeeding counsellorshould be functional so that the mother is informed about breastfeeding.

7.	Women's Empowerment and determinants of early initiation of breastfeeding: a scoping review. [7]	Hadisuyatmana S, Has EM, Sebayang SK, Efendi F, Astutik E, Kuswanto H, Arizona IK.	A scoping review	Identified barriers (C-section and postoperative pain, lactation problems and pregnancy complications, mothers' social and demographic factors, mothers' lack of professional support, babies' condition preventing EIBF) and facilitators (mothers' positive behaviour in kin to educational level, completion of antenatal care, poor economic situations of mothers, babies' size at birth) of EIBF.
8.	Prevalence and factors associated with early initiation of breastfeeding among Bangladeshi mothers: A nationwide cross-sectional study. [17]	Islam MA, Mamun A, Hossain MM, Bharati P, Saw A, Lestrel PE, Hossain MG.	The data was extracted from the Bangladesh Demographic and Health Survey (BDHS)-2014. A two-level logistic regression model was used to remove the clustering effect.	Those who delivered by caesarean section were less likely to perform EIBF while those who attended an antenatal care clinic more than 3 times were more likely to do so.
9.	Predictors of early initiation of breastfeeding in Indonesia: A population-based cross-sectional survey. [18]	Gayatri M, Dasvarma GL	Indonesia Demographic and Health Survey (IDHS) 2017. The analysis uses bivariate and multivariate logistic regression	Caesarean deliveries reduce the likelihood of EIBF by half compared to vaginal deliveries. Women's age, education or rural-urban residence exhibit no statistically significant relationship with EIBF.
10.	National and rural-urban prevalence and determinants of early initiation of breastfeeding in India. [19]	Senanayake P, O'Connor E, Ogbo FA.	India National Family Health Survey. Multivariate logistic regression was used to investigate.	Higher educational achievement, frequent antenatal care visits and birthing in a health facility were linked with EIBF in India and rural populations (only health facility birthing for urban mothers).
11.	Consistency of the determinants of early initiation of breastfeeding in Ghana: insights from four Demographic and Health Survey datasets. [20]	Duodu PA, Duah HO, Dzomeku VM, Boamah Mensah AB, Aboagye Mensah J, Darkwah E, Agbadi P.	Ghana Demographic and Health Survey (GDHS)	The study revealed that the current estimate of the proportion of children achieving EIBF in Ghana was 55.1 % and delivery by caesarean section and region of residence unswervingly prophesied the practice of EIBF in Ghana.
12.	Prevalence and associated factors of caesarean section and its impact on early initiation of breastfeeding in Abu Dhabi, United Arab Emirates. [21]	Taha Z, Ali Hassan A, Wikkeling-Scott L, Papandreou D.	Secondary Data from clinical and non-clinical settings	Maternal literacy on CS choices, the importance of breastfeeding for child health, and supplementary guidance for mothers and their families are compulsory to achieve better breastfeeding outcomes.
Challenges to early initiation of breastfeeding in caesarean section delivered mothers.				
1.	Who owns the baby? A video ethnography of skin-to-skin contact after a caesarean section [22]	Stevens J,Schmied V,Burns E, DahlenGH,	Video ethnographic research	Providing skin-to-skin contact in the first 2 hours after caesarean sections has challenges. Despite this, health professionals can meet the mother's desire to 'own' her baby by realising they are one entity, heartening skin-to-skin contact and avoiding maternal and infant separation.
2.	Barriers for early initiation and exclusive breastfeeding up to six months in predominantly rural Sri Lanka: a need to strengthen policy implementation [10]	Agampodi, Thilini Chanchala Dharmasoma, Neerodha Kithmini Koralagedara, Iresha Sandamali Dissanayaka, Thushari Warnasekara, Janith Agampodi, Suneth Buddhika Perez-Escamilla, Rafael	qualitative study	Early barriers included caesarean section pain, poor breast latch, maternal exhaustion, suboptimal maternity ward environment, and lack of breastfeeding support.

3.	Barriers to early initiation of breastfeeding in healthy neonates in an urban hospital setting. [13]	DavisRubagumya,MuzdalfatAbeid,Eric Aghan,MariamNoorani	A descriptive exploratory qualitative study	Participants perceived that inadequate breastfeeding information especially on the ideal time to start breastfeeding contributed to delayed initiation. The practices and environment post-delivery such as perineal tear repair and dirty labor room prevented women from initiating breastfeeding immediately.
4.	The challenges of early initiation of breastfeeding in post sectio caesarea patients. [23]	Anita, Lia Lajuna, Nurlaili Ramli	A systematic review	The findings of the review indicated that there are still challenges to the early initiation of breastfeeding, such as the development of dedicated health workers, lack of training for early initiation of breastfeeding after implementing SC, discomfort, little support from health workers, and delayed breastfeeding provided by influencers Practice room and advice on infant formula and infant formula from health workers.
5.	Skin-to-skin contact after caesarean section: impact on the occurrence of problems during the initiation of lactation. [24]	Kameduła N Węgrzyn P Bączek G	A cross-sectional study	Newborns without skin-to-skin contact or those who experienced delayed contact required more frequent top-up feeding and their mothers more often experienced a sense of insufficient breast milk supply. Newborns who experienced skin-to-skin contact in the operating theatre also required less frequent top-up feeding compared to those who experienced skin-to-skin contact in the recovery room. The type of first contact between mother and child after a caesarean section affects the occurrence of problems during the lactation initiation period. Despite the demonstrated benefits of skin-to-skin contact, it is not executed frequently enough after birth.
6.	Early initiation of breastfeeding and severe illness in the early newborn period: An observational study in rural Bangladesh. [25]	Raihana S, Dibley MJ, Rahman MM, Tahsina T, Siddique MA, Rahman QS, Islam S, Alam A, Kelly PJ, Arifeen SE, Huda TM.	A community-based trial.	The proportion of children with severe illness increased as the delay in initiation increased from 1 hour (12.0%), 24 hours (15.7%), 48 hours (27.7%), and more than 48 hours (36.7%) after birth.
8.	An exploration of the breastfeeding behaviours of women after cesarean section: A qualitative study. [26]	Wen J, Yu G, Kong Y, Liu F, Wei H.	A qualitative study that used a phenomenological approach	Three major themes emerged: ambivalent attitude about breastfeeding, motivation to comply with the traditional cultural norms, and barriers and challenges.
9.	Improving first-hour breastfeeding initiation rate after cesarean deliveries: A quality improvement study. [27]	Dudeja S, Sikka P, Jain K, Suri V, Kumar P.	Quality improvement study.	The rate of first-hour initiation of breastfeeding increased from 0% to 93% over the study period. The result was constant even after the last PDSA cycle, without any additional resources.
Effect of social support on early initiation of breastfeeding among caesarean delivered mothers.				
1.	Impact of lactation support program on initiation of breastfeeding in term infants. [11]	Ninan B, Umamaheswari Balakrishnan AM, Manjula M, Abiramalatha T, Chandrasekaran A, Amboiram P.	An interventional study	There was a significant increase in the rates of EIBF and reduced time of initiation in both the groups.
2.	Intimate partner violence is associated with poorer maternal mental health and breastfeeding practices in Bangladesh,(2020). [12]	Tran ML,Nguyen HP, Naved RT, Menon P	A community-based survey	All forms of Intimate Partner Violence were positively associated with maternal common mental disorder and negatively associated with EBF practices.

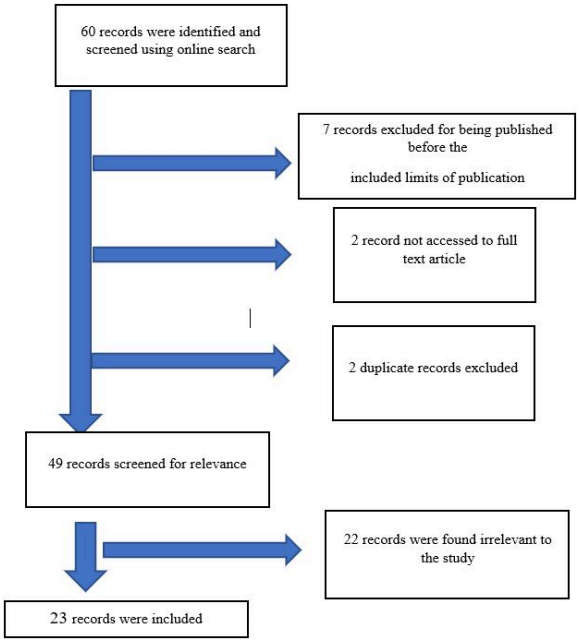

Figure 1: Depicts the Flow Chart for The Results of Literature Search

Discussion

Summary of the included evidence

Early initiation of breastfeeding is an essential step in the life of a newborn striving to survive. This step is easier for a woman who had delivered through vaginal delivery but is difficult or requires assistance from the health care staff, family and the woman herself if she had caesarean delivery. These consequences are attributed to the effect of anaesthesia, unable to take a comfortable position, physiological and emotional instability and post-operative pain. The evidence hereby suggests that there are certain challenges to early initiation of breastfeeding among women. Agampodi Thilini C et.al. (2021) concluded that there are barriers to early initiation of breastfeeding clustered into different time frames post-partum. In the early 2 to 3 days post-partum the identified barriers were maternal exhaustion, poor latch, caesarean section and poor maternity ward environment.

Maternal and newborn peripartum factors also affect the early initiation of breastfeeding. It is understood that maternal well-being is the primary motivating force for breastfeeding initiation in early postpartum, and if added to the newborn's well-being could help promote the phenomenon spontaneously.

There is evidence from Roy A et.al (2021) which suggest that maternal and neonatal complications in the first 72 hours post-partum can contribute to late initiation of breastfeeding. They identified maternal factors like NVD assisted with episiotomy or forceps, caesarean section and those mothers who had health problems during childbirth. In neonatal factors, they identified preterm birth, neonates who moved slowly after birth and those who were sick after birth.

Skin-to-skin contact and rooming after birth the considered to be the initial step towards early initiation of breastfeeding. It is the cornerstone of the phenomenon of early breastfeeding. The type of first contact between mother and child after a caesarean section affects the occurrence of problems during the lactation initiation period. Kameduła N revealed that skin-to-skin contact had an impact on early breastfeeding and those newborns who have skin-to-skin contact following birth require less top feeding and effectively continue the exclusive breastfeeding. However, the factors responsible for the non-establishment of skin-to-skin contact especially in caesarean section delivery are not discovered in the study.

Caesarean section was identified as the barrier to early initiation of breastfeeding. As the evidence from the above review suggests that skin- to- skin contact proves to be essential in initiating breastfeeding, in case of caesarean section it is not implemented in operation theatre, and also effect of anaesthesia causes further delay. Wen J, Yu G. et.al describe that after a caesarean section the mothers report feelings of physical discomfort, lack of knowledge, knowledge and skills deficit of breastfeeding, lactation deficiency and coping skills in managing their depressive mood after caesarean sections.

Limitation of the evidence

None of the studies presents findings on coping strategies adopted against challenges/ barriers to early initiation of breastfeeding. Also, the studies pose a limitation to the extent and degree of the challenges mothers face after caesarean section in particular to early initiation of breastfeeding. This was a significant gap identified by the author in the available knowledge. Most of the studies have been analysing the demographic health survey records.

This evidence portrays the determining factors for late initiation of breastfeeding in a clustered population. So, authors can rule out the regional and national differences. However, a need was felt that even after the implementation of the breastfeeding policy at the institutional level, no literature was identified that presents challenges at the institutional level and their combating efforts towards it. An exception lies in a study by Dudeja S, Sikka P et.al (2018) where a quality improvement project was employed to improve the institutional EIBF rates.

The majority of the studies identify the factors, trends and determinants for EIBF and common barriers like socio-demographic variables, mother's education, developed and skilled staff, introduction of feeding etc. are common to all. However none of the studies identifies why this delay is occurring, what is the time of contact between the mother and the newborn after the caesarean section, how much top feeding the mother gives and whether does mother puts in efforts to breastfeed the infant in the first hours of birth.

Regarding social support, the available evidence depicts social support for caesarean section and the anxiety associated with it. However, the available data do not represent the seek for social support for breastfeeding initiation. With whom does the mother feel safe and can easily find her by her side for breastfeeding? Involving family membranes for the breastfeeding initiation has been missing in the texts.

At large no text had assessed the challenges and their consecutive coping with EIBF. There is a dire necessity to facilitate early initiation of breastfeeding, especially after a caesarean section that every institute should identify their challenges and employ SOPs to overcome them.

Key Lessons Learned

The literature search has helped the author in a variety of ways. It has helped the author in the selection of study design and planning out the components of the assessment tool, the type of tool to be framed and methods of assessment. It is derived that it is essential to reimburse in quality improvement projects involving nurses as the key flag bearers in reducing the time of rooming–in and breastfeeding initiation after caesarean birth.

The first 24-hour post-section- caesarean can be an observational time for the breastfeeding efforts made by the mothers and involving family and partner support by training them for child caring behaviour and practices.

Conclusion

The available evidence on EIBF, factors associated with EIBF and caesarean section and its impact on EIBF, and coping strategies for EIBF by caesarean mothers' intent to portray the need for reducing rates of caesarean section, multidisciplinary efforts and family and community empowering regarding the challenges to EIBF. A more strategic approach needs to be employed to overcome the barriers at individual, institutional, national and global levels.

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Conflict of Interest

The author shares no conflict of interest with any significant other.

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