

EXAMINING THE ASSOCIATION OF MODE OF DELIVERY AND POSTPARTUM CONDITIONS WITH BREASTFEEDING: A CROSS-SECTIONAL STUDY

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OBJECTIVES

Newborn babies born by caesarean section often have delayed or no skin-to-skin contact after birth and early breastfeeding. In many cases, the mother and newborn are placed separately, limiting breastfeeding on demand. Sometimes, as part of hospital care, the newborn may receive complementary feeding or bottle feeding, which may contribute to the development of lactation disorders. Our aim is to assess the relationship between the mode of delivery and the postpartum period and breastfeeding conditions.

METHODS

Between 26.03.2021 and 18.07.2021, a quantitative, cross-sectional study was carried out using an online questionnaire. Non-random, purposive expert sampling criteria included biological motherhood and at least one child cared for at home. Exclusion criteria were premature delivery, pregnancy with first child and omission of mandatory questions in the questionnaire, as well as incomplete or unintelligible answers (n=2008). The questionnaire asked participants about sociodemographic data, mode of delivery, postpartum circumstances, breastfeeding, method and duration of feeding the child. Data were processed using SPSSv2.5 (p<0.05).

RESULTS

Two-thirds of children born by caesarean section do not have skin contact after birth (p<0.001). Non-room placement may increase the incidence of more frequent complementary feeding (p<0.001) and shorten the duration of exclusive breastfeeding (p<0.001). Breastfeeding duration may be negatively affected by the timing of breastfeeding (p=0.007) and the use of pacifiers (p<0.001).

CONCLUSIONS

The mode of delivery and, necessarily, the postpartum circumstances affecting the mother and the newborn baby can affect the implementation of breastfeeding and the duration of exclusive and partial breastfeeding.

Achievement of skin-to-skin contact between mother and newborn	Vaginal birth (n (%))	Planned caesarean section (n (%))	Emergency caesarean section (n (%)) $\chi^2(2)$
SKIN-TO-SKIN CONTACT ESTABLISHED	1157 (91.7%)	96 (38.7%)	131 (27.3%)
NO SKIN-TO-SKIN CONTACT ESTABLISHED	111 (8.8%)	152 (61.3%)	348 (72.7%)

Table 1.
The relationship between the mode of delivery and skin-to-skin contact (n=2008)

Breast milk substitute/supplementary feeding during hospital stay	Rooming-in (n (%))	No Rooming-in (%)
SUPPLEMENTARY FEEDING	1001 (56.6%)	26 (20.8%)
NO SUPPLEMENTARY FEEDING	769 (43.4%)	99 (79.2%)

Table 2.
The relationship of rooming-in with complementary feeding of the newborn (n=2008)

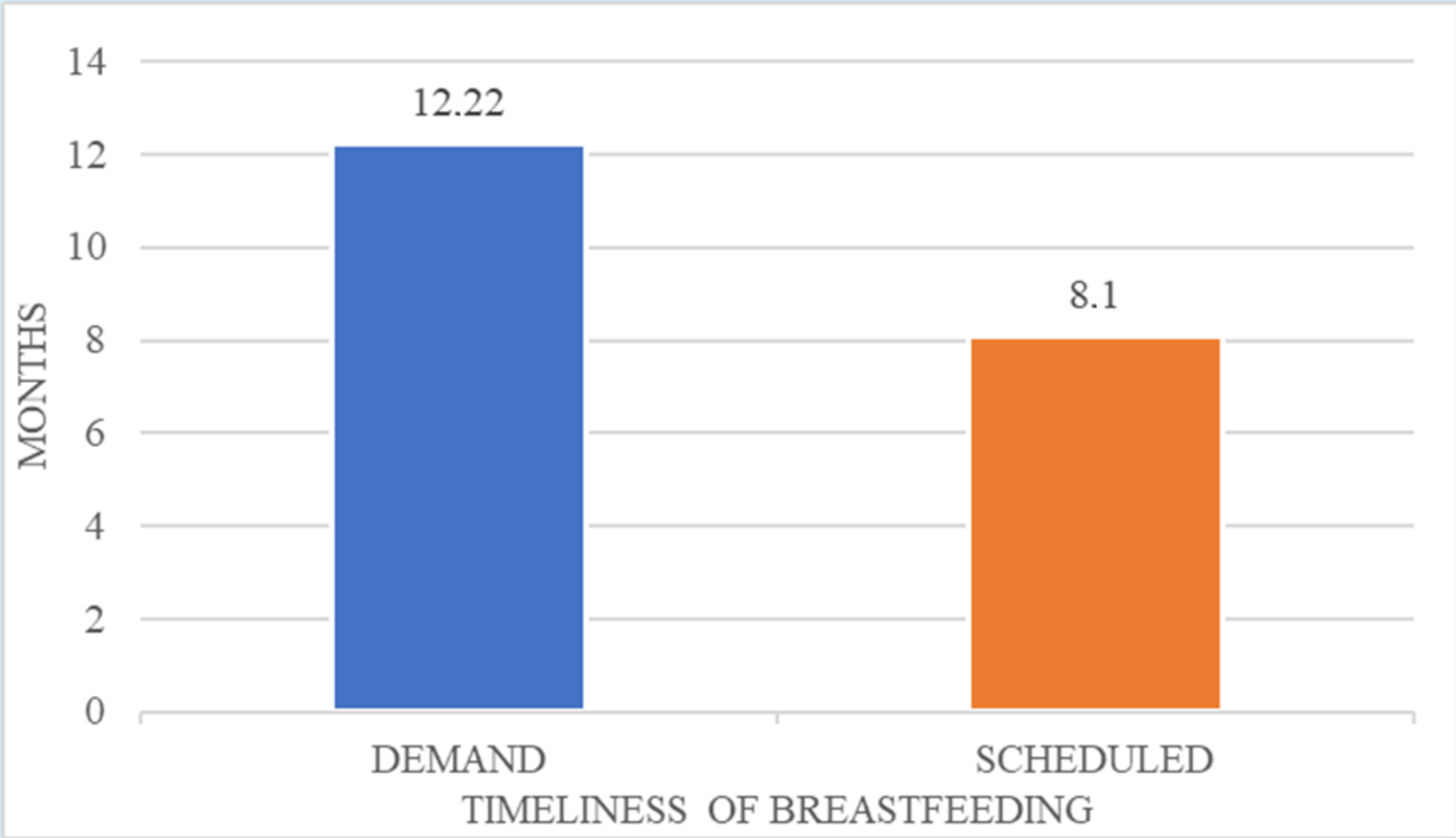


Figure 1.
The relationship between infant feeding method and duration (n=2008)

TIMING OF FEEDING	ROOMING-IN (N (%))	NO ROOMING-IN (%)
DEMAND	1468 (90.0%)	164 (10.0%)
SCHEDULED	164 (10.0%)	19 (18.4%)

Table 3.
The relationship of rooming-in with the timing of infant feeding (n=2008)

	PACIFER PRESENT		PACIFER ABSENT	
	M	SD	M	SD
EXCULISE BREASTFEEDING (MONTHS)	5.51	1.86	4.38	2.47
BREASTFEEDING (MONTHS)	13.60	8.82	8.28	7.09

Table 4.
Association of pacifier use with exclusive breastfeeding and breastfeeding over time (n=2008)

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