Keeping In The LLLoop

Epidurals and Breastfeeding
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In Canada the rate of epidural anesthesia use during labour and delivery sits at >50% and continues to climb.\(^1\) The rate ranges from a low of 30% in BC to a high of 69% in Quebec, which is still lower than the 90-100% rate reported in some American hospitals.\(^2\) As breastfeeding rates also continue to increase, the lack of research of the effect of epidural medications on breastfeeding is striking. The majority of research that has been done looked either at maternal satisfaction, maternal and infant homeostasis or Apgar scores, not infant feeding behaviours. Given what we know about the importance of breastfeeding to lifelong health, it is important to understand the impact that birth interventions such as epidurals have on both initiation and duration of breastfeeding.

Epidural anesthesia was introduced in the early 1970s and considered to be a major improvement over general anesthesia and IV narcotic analgesia during delivery.\(^3\) Over 80% of Canadian mothers who received an epidural rated it as “very helpful” for pain relief.\(^4\) However, as Linda Smith says in the *Womanly Art of Breastfeeding*, “If your friend tells you how much she ‘loved her epidural’, ask her how her first month of motherhood went.”\(^5\)

What does the research tell us about that first month?

- All medications cross the placenta. At one time it was believed that placing the anesthetic in the mother’s spine or epidural space meant that the drug remained local and could not possibly affect the fetus/baby. We now know that not to be true. Many of the medications have been isolated from cord and/or baby’s blood. Most are highly lipophilic and also cross into the baby’s central nervous system.\(^6\)
  - CNS effects can include sedation and difficulty organizing the suck-swallow-breath cycle required for effective breastfeeding.
  - These effects have been documented for up to 30 days post partum.\(^7\)

- Epidurals increase the incidence of other birth interventions, from the need for IV fluids to avoid maternal hypotension through slower progression during both first and second stage of deliver, leading to augmentation (oxytocin), assisted (vacuum or forceps) delivery and/or surgical deliveries. All this adds to

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\(^{1}\) Canadian Institute for Health Information, 2010.
\(^{2}\) Ibid
\(^{3}\) Barrett and Pitman, 1999, p. 146
\(^{4}\) Public Health Agency of Canada, 2009, p. 147
\(^{5}\) Wiesinger, West and Pitman, 2010, p. 46
\(^{6}\) Loftus et al, 1995
\(^{7}\) Sepkowski et al, 1992
the trauma of the birth process. It also increases the fluid load in the mother’s body which is transferred to
the baby.8

- This may lead to engorgement of the breasts making it difficult for the baby to latch on correctly, and
- may artificially increase the baby’s birth weight, and subsequent weight loss,
- resulting in a baby who is not feeding well and losing “too much” weight.9

- Epidurals decrease endogenous endorphins in mother, baby and milk.10

  - This means that there may be an increase in the perception of pain.
  - It also means that breastfeeding will not provide the infant with the same level of comfort if mother
    received an epidural.

- Epidurals affect temperature control.

  - Mothers and babies may spike fevers, which lead to sepsis work-ups and separations.
  - During breastfeeding and skin-to-skin contact researchers found less warming of the baby’s skin if
    the mother received an epidural.11

- Epidurals do not decrease initiation (or attempts to bf), but do decrease duration.12

Any one of these effects can be detrimental to breastfeeding. The combination leads to a perceived need to
supplement: a baby who is sleepy, unable to latch onto edematous breasts and losing “excessive” (fluid) weight.
For an otherwise healthy full-term baby, that supplement will be formula, despite its known risks for decreasing
maternal milk supply, increased infections for baby, and increased risks for chronic diseases later in life. There
may also be separation of mother and baby because of sepsis work-ups. There is some evidence to suggest that
lower doses and shorter exposures (i.e. waiting until a mother is in active labour) to epidural medications might
reduce their impact.13

Two recent publications claim that the above evidence is not conclusive and that without double-blind
randomized controlled studies we cannot draw conclusions.14 But these studies would be unethical, as
randomizing would take away patient choice in treatment. The research is further confounded by changing
protocols and drug usage and the fact that many studies assessed breastfeeding as a side issue; very few are
designed specifically to look at breastfeeding behaviours, initiation and duration and none look at the process of
initiation of breastfeeding. “We measure what we value.”15

A Canadian article describes how appropriate support can overcome many of the negative side-effects of
epidurals, even those using opioids, at least for multiparae who have previously breastfed successfully.16

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8 Lieberman and O'Donoghue, 2002
9 Newman and Pitman, 2006
10 Abboud, 1982; Zando 2001a and 2001b
11 Jonas et al, 2007
13 Beilin et al, 2005
14 Reynolds, F. 2011; Loubert, C, 2011
15 Smith, LJ, 2009
16 Wieczorek et al, 2010
However, “success at breastfeeding” as defined as still breastfeeding at 6 weeks does not capture the barriers that these dyads may have had to overcome. Although the authors claim a >95% breastfeeding rate, this is any breastfeeding, not exclusive breastfeeding. By one week almost 10% of the infants had already received some formula and by six weeks less than 82% were exclusively breastfed. More telling still is that 67% of the mothers accessed lactation support, almost half of whom needed support daily or at every feed. These were experienced breastfeeding mothers (selection criteria included having successfully breastfed for over 6 weeks and an intention to breastfeed this baby)! Is removal of the pain associated with childbirth worth the uphill struggle to establish breastfeeding?

Labor, birth, and breastfeeding initiation comprise a normal, continuous process. Oxytocin, endorphins, and adrenaline produced in response to the normal pain of labor may play significant roles in maternal and neonatal response to birth and early breastfeeding.\textsuperscript{17}

When we believe that removing that pain is the important goal, without considering the long-term consequences of interrupting the natural process of birth, we risk many unintended consequences, including breastfeeding difficulties.

\textbf{Disclosure:} Nicola birthed two sons (9lb-5oz and 9lb-12oz) without any analgesia; the first was an induction which ended with a forceps delivery after 2.5 hours of pushing. Support from my La Leche League Leader, and pure “bloody mindedness” according to my father, made breastfeeding a reality.

\textsuperscript{17} Montgomery and Hale, 2006

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La Leche League Canada is pleased to present our
Health Professional Seminar Series 2011

\textbf{Biological Nurturing: Releasing Innate Behaviours to Enhance Breastfeeding}

featuring international speaker, Suzanne Colson, Phd, BSc, BA, RGN, RM
author of \textit{An Introduction to Biological Nurturing: New Angles on Breastfeeding}.

May 9, 2011 - Cardinal Golf Club, Kettleby, ON
May 11, 2011 - Greenwood Inn, Winnipeg, MB
September 26, 2011 - Hellenic Meeting & Convention Centre, Ottawa, ON
September 28, 2011 - Brock University, St. Catharines, ON
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For full program information and to register, visit our website:
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(For more information on Dr. Colson’s work, please visit her website: \texttt{www.biologicalnurturing.com})

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For information on seminars planned for your community in 2011, send an e-mail to \texttt{nfc@lllc.ca} and we will add you to the mailing list.
References for Do Epidurals Affect Breastfeeding?, page 1


Jonas, W et al, 2007. Newborn skin temperature two days postpartum during breast-feeding related to different labour ward practices Early Human Development 83, 55-62


Across

1. A drop in progesterone and a rise in this hormone is needed to start milk production
6. Director of Toronto lactation clinic
10. Delivers babies
12. Birth or postpartum ________ (assistant)
13. For public nursing, it helps to wear a ________-fitting top.
16. Gets larger when lactating
17. Feminist magazine
18. Nursing new and older baby together
23. Alternative to bottle feeding
24. _______, rattle and roll
26. Many parents receive a Canada Child ________ Benefit
28. Opposite of pro
29. Breastfeeding contraceptive method, for short
31. Math subject
32. An important influence for many mothers
33. US medical organization
35. Part of the breastfeeding dyad
36. For latching we used to tell mothers to pull baby close quickly or _______ baby on.
40. Compound in human milk that makes baby sleepy, CCK or ____________
46. Baby's first word for father
47. Nipple needs to be totally ____ baby's mouth.
48. European currency
49. With 41 down: babies diagnosed as _______ - _________ (an anatomical variation of baby’s mouth) can cause sore nipples.
50. The “parent omega-3”
51. In first 3 months, breastfed babies gain about 30g (1 oz) per _______.
52. First breastfeeding mother?

Down

2. Peter Hartmann’s research team describes milk ducts like tree ________.
3. Support group founded in 1956
4. ______ and fro
5. Initials for the organization founded by LLLI to create the lactation consultant profession
7. Poetic for “before”
8. ________ expression (of milk)
9. Another name for laid-back breastfeeding: biological ______________
11. Common word used by toddlers
14. For a cold, eat chicken ______.
15. Nurse
17. Inflammation or infection (of breast tissue)
19. The highest point
20. To transfer milk efficiently, baby needs to have a ______ latch.
21. LLLC Board Member from Nova Scotia
22. Digested by lipase
25. Skin-to-skin or ________________ mother care (KMC)
27. Type of nipple
28. Study for test at last minute
29. The US home base for LLLC’s public service announcement star, Sitara Hewitt
30. Medical professional
32. Hockey or Scrabble™
34. “Bad” in French
37. The Womanly Art of Breastfeeding was written __ Diane Wiessinger, Diana West and Teresa Pitman.
38. Male baby
39. Motherhood and apple ________
40. Symbol for element needed for strong bones.
41. Human milk comes in breasts; formula in _______.
42. With 48 across: babies diagnosed as ________ - _________ (an anatomical variation of baby’s mouth) can cause sore nipples.
43. For skin-to-skin baby is _________ except for diaper and hat.
44. For emergencies, go to the ________.
45. To latch, aim nipple to baby's ________.
46. Long-chain fatty acid now added to infant formulas.
49. Infectious disease which killed many First Nations children in the Residential Schools
LLLCC National Awareness Campaign 2010

Have you seen this happy breastfeeding couple?

Sitara Hewitt – breastfeeding mother and star of the television show *Little Mosque on the Prairie* – is featured in LLLC’s Public Service Announcement. Sitara assures mothers:

“*Because breastfeeding isn’t always easy, La Leche League Canada is here to help.*”

Our goal is to make sure that every pregnant woman and breastfeeding mother in Canada receives this important message during 2011.

Our PSA featuring Sitara Hewitt and her son, has been circulating on the Internet for a few months now. If you haven’t watched it yet, click here to see the PSA and then share with your colleagues and clients via Facebook, Twitter or e-mail. At this link, you will also find the campaign poster. Please feel free to print copies for your clinic and hospital bulletin boards or anywhere that families will see them.

Major television stations have been approached but as yet, none have expressed interest in airing this important message. Many health professionals who work with families do understand the value of the visual appeal and effective message of our campaign. They understand that these materials can help promote breastfeeding, link families with information and support for breastfeeding and fulfill the requirements of the 10th step to BFI.

“This is a wonderful ad, congratulations! I’ve forwarded the link to folks involved in public health policy and promotion for reproductive and child health. Thanks for sharing it with me, excellent work. (And, as I mentioned, I’ve personally benefitted from LLL support in my breastfeeding past!”

~ e-mail message from an Ontario health professional

A limited number of free copies of LLLC’s DVD featuring the new short film “Breastfeeding Mothers” and the PSA starring Sitara Hewitt are now available for Canadian health professionals.

Contact Pat Millar at nfc@lllc.ca to reserve your copy. While supplies last!

(OR, receive your copy of the DVD when you purchase your LLLC Health Professional Membership before June 30, 2011, see following page for details.)

LLLCC is grateful for financial support for this phase of the campaign, received from:

- Newfoundland and Labrador Department of Health and Community Services
- Yukon Territory Department of Health and Social Services
- Alberta Department of Health and Wellness
- New Brunswick Department of Health
- Calgary Breastfeeding Matters Foundation
- Bravado! Designs Inc.
- Oakville Galleries
- Many individual donors.
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