

Epidurals and breastfeeding

Issue 26: 18 Dec 2006

Source: International Breastfeeding Journal 2006; 1: 25

Women who have epidural analgesia during childbirth are significantly less likely to fully breastfeed their infant in the few days after birth, and more likely to stop breastfeeding within the first 24 weeks, new study findings suggest.

The researchers, from centers in Sydney and Canberra, Australia, stress that the relationship may not be causal, but say it indicates a need to ensure that women who have epidurals are given adequate assistance and support in decisions about breastfeeding.

To investigate suggestions from previous anecdotal reports that epidural analgesia containing fentanyl may be linked with difficulty establishing breastfeeding (possibly because infants are more sleepy), the researchers performed a prospective cohort study of 1,280 women over 16 years of age giving birth to a single live infant in the Australian Capital Territory in 1997. The women completed study questionnaires at 1, 8, 16 and 24 weeks postpartum.

The type of labor analgesia used by the 1,260 women for whom complete data were available was as follows:

- Epidural (analgesia or anesthesia, with/without pethidine, with/without gas): 33 percent. The epidural in use at that time was bupivacaine with fentanyl.
- Non-pharmacological only (including methods such as breathing exercises, massage, hypnosis): 25 percent.
- Gas (nitrous oxide, no other pharmacological agent): 15 percent.
- Pethidine (with/without gas): 23 percent.
- General anesthetic: 4 percent.
- In the first week after delivery, 93 percent of the women were either fully breastfeeding or partially breastfeeding their infant, falling to 60 percent at 24 weeks. The only factor associated with not breastfeeding at all was a low level of maternal education.

Factors significantly associated with partial breastfeeding and difficulties breastfeeding in the first postpartum week were intrapartum analgesia (epidural or general anesthetic, compared with the reference group using non-pharmacological methods) and type of birth (cesarean).

Factors significantly associated with stopping breastfeeding by 24 weeks were intrapartum analgesia (pethidine or epidural, compared with the reference group using non-pharmacological methods), maternal age (below 30 years), and education (below degree level).

Women who had an epidural were about twice as likely as women using non-pharmacological methods of pain relief to stop breastfeeding by 24 weeks (adjusted hazard ratio 2.02).

The researchers conclude: "Whatever the underlying mechanism, women in this cohort who chose or needed epidural analgesia were more likely to partially breastfeed their infant and to experience difficulty breastfeeding in the few days after birth, and also to stop breastfeeding in the first 24 weeks postpartum." They say women at higher risk of breastfeeding cessation should be provided with adequate breastfeeding assistance and support both in the initial postpartum period and in the following few months.

In an accompanying commentary paper, in the same issue of the International Breastfeeding Journal, Sue Jordan from the School of Health Sciences at Swansea University, UK, says the new findings provide further circumstantial evidence of a positive association between intrapartum analgesia and feeding infant formula, but points out that not all published research supports this association.

However, she concludes: "Clinicians basing their practice on the best available evidence, and women considering their analgesic choices, may feel that, despite the paucity of randomized controlled trials in this area, strategies for mitigating the impact of intrapartum medications on the next generation should be considered." This would include additional support and information to establish and maintain breastfeeding.