Intrapartum Epidural Analgesia Does Not Decrease Likelihood of Breastfeeding Upon Hospital Discharge

Abstract Type: Original Research
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Introduction: Currently, no clear consensus exists regarding the impact of intrapartum epidural analgesia upon breastfeeding. Some studies report that epidurals significantly decrease likelihood of exclusive breastfeeding at follow-up points ranging from 1-24 weeks postpartum(1,2) but include no shorter-term follow-up. Among those studies that do follow up immediately postpartum, some associate epidurals with significantly decreased likelihood of suckling at the breast within 4 hours, completing 2 feeds over day 1, or exclusively breastfeeding by hospital discharge(3,4), while others report no significant differences(5). This retrospective cohort study aims to determine if increased epidural duration is associated with 1) decreased likelihood of breastfeeding at hospital discharge and 2) neonatal neurobehavioral deficits in feeding during the first 2.5 hours of life, as quantified by the L&A components of the standardized LATCH scoring system(6), which measure neonatal ability to latch & audibly swallow, respectively.

Methods: We identified all patients age 18+ who delivered a single live neonate at UHCMC between 9/2009-1/2010. We excluded those who had a Cesarean section, labor augmentation with oxytocin, or NICU admission. From the anesthesia records and Labor & Delivery nursing data, we recorded maternal age, gravity, parity, gestational age, Nubain administration in the intrapartum & immediate postpartum periods, and duration of epidural, if any. All epidurals consisted of an identical initial bolus (lidocaine, bupivacaine, fentanyl) and the same bupivacaine/fentanyl infusion via PCA with identical basal, demand, & lockout settings. If the patient had a LATCH score documented during the first 2.5 hours postpartum, then we recorded its L&A components.

Results: Of the 1046 parturients who delivered during the specified period, 310 met all criteria. Likelihood of breastfeeding at discharge was not significantly associated with epidural duration, gravity, parity, gestational age, or receiving Nubain but was positively correlated with increased maternal age (p<.0001). L+A scores were available for 126 of the 310 patients. A score of 0 or 1 (n=14) was associated with a significantly (p=.0039) longer epidural than a score of 2-4 (n=112). Lower L+A score was not significantly associated with decreased likelihood of breastfeeding on discharge.

Conclusion: Increased intrapartum epidural duration is not significantly associated with decreased likelihood of breastfeeding at hospital discharge. It may be associated with neonatal feeding deficiencies during the first 2.5 hours of life, but such deficiencies do not apparently decrease the likelihood of breastfeeding by the time of discharge.

References: