

## Editöre Mektup / Letter to Editor

### Letter to Editor

#### Editöre Mektup

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#### ÖZ

Akın ve Erbil'in çalışması hem emzirme hem de doğum şeklinin iç kavramları üzerinedir. Bu çalışma ile sağlık çalışanları ve anneler arasında doğum yöntemlerinin yenidoğan ve annenin emzirmesi üzerine potansiyel olumsuz etkileri konusundaki farkındalık artırılacaktır. Çalışmanın sonuçları, halkın sağlığını iyileştirmeyi, doğum ve emzirmeye yönelik eğitim müdahaleleri geliştirmeyi, bilgi üretmeyi ve yaymayı, annelerin bilinçli karar alma sürecine katılımını desteklemeyi ve sağlık çalışanları için emzirme ve/veya hamilelikte güvenli ilaç kullanımına yönelik eğitim fırsatlarını ilerletmeyi içeren bir misyon ve daha ileri çalışmaların temelini oluşturabilir.

**Anahtar kelimeler:** Doğum yöntemi, emzirme, sezaryen, vajinal, tip

#### ABSTRACT

Akın and Erbil's study is on the inner conceptions of both breastfeeding and mode of birth. The awareness about the potential negative effects of birth's modes on the infant and mother's breastfeeding among healthcare professionals and mothers will be increased by this study. The conclusions of the study may produce a mission and form the basis of further studies that include improving the public's health, developing educational interventions of delivery and breastfeeding, generating and disseminating knowledge, supporting mothers' participation in informed decision-making, and advancing the educational opportunities of safe drug use in lactation and/or pregnancy for healthcare professionals.

**Keywords:** Mode of birth, breastfeeding, cesarean, vaginal, medicine

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Letter to Editor,

I read with interest the article by Akin and Erbil (2020) that was published in the October 2020 issue of the Ordu University J Nurs Stud. (Akin and Erbil, 2020). The study will bring research contributions towards the advancement of healthcare professionals and students' body of knowledge by raising awareness of the conclusions leading to the evaluation of the question: what is the relationship between mode of birth and breastfeeding? (Akin and Erbil, 2020). The authors' assessment of the interaction between the mode of birth and breastfeeding is a timely contribution to a key issue within nursing, medicine and society (Akin and Erbil, 2020). The nature of the birth also involves knowledge of pharmacology because of the multiplicity of drug use in pregnancy, delivery and lactation and an unavoidable overlapping of their effects on birth and breastfeeding (Briggs et al., 2015; Collins et al., 2013; Schaefer et al., 2014).

I share the conclusion of the authors about the postpartum pain that it reduces and delays breastfeeding. (Akin and Erbil, 2020; Erbaş 2017; Işık et al., 2018; Yeşilçicek Çalık et al., 2017). The postpartum pain should be managed with pharmacological (analgesics that are considered to be safe in lactation) and/or non-pharmacological therapies (Briggs et al., 2015; Collins et al., 2013; Schaefer et al., 2014; Yılmaz Esençan et al., 2018; WHO 2018). The collaborative, interdisciplinary nature of the birth requires the participation of nurses and midwives in postpartum education to help mothers and their infants live a healthy process is also concluded in the study (Akin and Erbil, 2020). The knowledge and education opportunities of safe drug use in lactation and pregnancy for healthcare professionals, especially nurses and midwives, should be updated and supported (Briggs et al., 2015; Collins et al., 2013; Schaefer et al., 2014).

It is highly likely that ante, intra and/or postpartum medication, as an integral part of today's modern medicine, may be used in cesarean or vaginal delivery (Briggs et al., 2015; Collins et al., 2013; Schaefer et al., 2014; WHO 2018). All the medicated modes of birth push the question toward 'what medication does to immediate postpartum breastfeeding?'. In addition to this, 'when the mother may safely start breastfeeding and/or what the potential effects of the drugs on milk production are, may be asked to nurse and midwife to be answered. These questions are relevant because it is a well-known fact that all anesthetic and analgesic drugs

are transferred to breast milk (Briggs et al., 2015; Collins et al., 2013; Schaefer et al., 2014). The authors of the study draw attention to the very beginning of this problem: mode of birth and breastfeeding (Akin and Erbil, 2020).

Another important point related to the mode of birth in the study is anesthesia in the cesarean section. I share the conclusion of the authors regarding anesthesia in cesarean section, as it is noted in the study that it affects breastfeeding negatively, causing mothers not to breastfeed their infants (Akin and Erbil 2020; Yeşilçicek Çalık et al., 2017). Even though cesarean section is considered major abdominal surgery, cesarean birth rates have continued to rise steadily and be a public health concern worldwide over the last decades. Furthermore, it is shown that this rising cesarean section rate has not been accompanied by significant maternal or perinatal benefits (WHO 2018). In addition to this, this increasing cesarean section rate may be associated with increased maternal and perinatal morbidity and substantial health-care costs (WHO 2018). According to the World Health Organization (WHO), there is no reason to justify cesarean birth rate being higher than 15% (WHO 2018). Cesarean section is not just matters for individual patients and their clinicians: it also concerns health systems and society, more broadly (WHO 2018). In 2018, the cesarean among live births was 54.9% and primary cesarean section among live birth was 26.3% in Turkey (Sağlık Bakanlığı 2018). The study is on the inner conceptions of both breastfeeding and the mode of birth. Awareness about the potential negative effects of birth's modes on the infant and mother's breastfeeding among healthcare professionals and mothers will be increased by this study (Akin and Erbil, 2020). Some further detailed reflection about the factors affecting breastfeeding such as cesarean (elective vs. emergency) or vaginal delivery (spontaneous vs. induced, instrumental vs. non-instrumental) and types of anesthesia and/or analgesia would have added far more contribution to the generalization of results. I share the conclusions reported in the study that cesarean section decreases immediate postpartum breastfeeding (Akin and Erbil, 2020; Bilgin Şahin and Cengiz Özyurt, 2017; Erbaş 2017; Erbaydar Paksoy and Erbaydar, 2020; Yılmaz et al., 2017). It is becoming increasingly clear that improved outcomes of birth and breastfeeding and compliance to required treatments can be achieved with attention to patients, their families and society and also with effective

coordination of the healthcare professionals from different branches of medicine (Erbaydar Paksoy and Erbaydar, 2020; Yılmaz et al., 2017; WHO 2018). At the front line of these health care processes are doctors, midwives and nurses who are intimately familiar with the needs of patients, the healthcare system and society (Akin and Erbil 2020; Çakır and Alparslan, 2018; Yılmaz Esencan et al., 2018; WHO 2018).

Another important conclusion, related to the mode of birth and breastfeeding, was promoting vaginal delivery. It is reported that promoting vaginal delivery would increase breastfeeding rates (Akin and Erbil, 2020). It is shown in Aktaş and Yılار Erkek (2018) study that some mothers wanted to choose vaginal delivery because breastfeeding was easier after vaginal delivery (Aktaş and Yılار Erkek, 2018). That may point out further studies about the encouragement of mothers to participate more in informed decision-making about their ante and/or postpartum care.

The conclusions of the study may produce a mission and form the basis of further studies that include improving the public's health, developing educational interventions of delivery and breastfeeding, generating and disseminating knowledge, supporting mothers' participation in informed decision-making and advancing the educational opportunities of safe drug use in lactation and/or pregnancy for healthcare professionals.

**Araştırmacıların Etik Yönü/ Ethics Committee Approval:** The literature used was shown in the references.

**Hakem/Peer-review:** External referee evaluation.

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### What did the study add to the literature?

- Evaluated with a critical perspective. The awareness about the potential negative effects of birth's modes on the infant and mother's breastfeeding among healthcare professionals and mothers will be increased by this study.

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