Breastfeeding as a protective factor of chronic pain after cesarean. Preliminary prospective cohort study

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Background and Goal of Study: Chronic post-cesarean pain (CPCP) has an incidence around 18% of mothers. In a previous study realized by members of our Anesthesia service, we observed an incidence of CPCP around 12% and that breastfeeding could be a protective factor. The goal of this study is to analyze if breastfeeding has a protective effect in the incidence of chronic pain after cesarean intervention.

Materials and Methods: Prospective cohort study based on a structural and presencial interview with mothers in the first 24 and 72h after cesarean and a telephone interview at 4 months of the intervention. The main variable of this study was the presence of chronic pain in the surgical wound area at four months after cesarean, considering chronic pain if NSV ≥ 5. The main independent variable was breastfeeding. Other variables included were surgical technique, levels of study, occupation, pain in the first 24-72h and the presence of anxiety during breastfeeding. The statistical study was performed using U of Mannwitney and chi2 (P< 0.05).

Results and Discussion: Actually, the study has been completed by 185 mothers. The incidence of CPCP was around 11.4%. Breastfeeding was realized by 87% of mothers. 58.4% of mothers maintained breastfeeding during more than two months and in the 31.4% of cases artificial lactation was not included. 53.8% of mothers which realized breastfeeding confirmed to suffer anxiety. 8.3% of mothers who maintained breastfeeding more than two months, presented CPCP. However mothers who only breastfeeding in the first two months had chronic pain in the 22.8% of cases. NSV at 24h after surgery was 7 and in the first 72h it was 5. 38.4% of patients had university studies of wich only 6.5% had chronic pain compared to 17.2% of those with basic studies.

Conclusion(s): Preliminary results suggesting that breastfeeding for more than two months protects against the chronicity of postcesarean pain in a statistically significant way with a risk three-fold increase in CPCP if breastfeeding is maintained for only two months or less. Further, the anxiety during breastfeeding could influence the appearance of pain in the surgical zone at 4 months of the intervention.

*This study was approved by the ethics committee and the mothers signed informed consent to participate in the study.