

Enhanced Recovery After Caesarean Surgery (ERACS) versus Non-ERACS Delivery: A Comparative Study on the Effectiveness of Exclusive and Early Initiation of Breastfeeding

| | |
|---------------------|--|
| Publons ID | (not set) |
| Wos ID | WOS:001265836200001 |
| Doi | 10.5812/ijp-144436 |
| Title | Enhanced Recovery After Caesarean Surgery (ERACS) versus Non-ERACS Delivery: A Comparative Study on the Effectiveness of Exclusive and Early Initiation of Breastfeeding |
| First Author | |
| Last Author | |
| Authors | Agustina, NN; Hilal, M; Prihatno, MMR; Sutrisno, S; Mulyanto, J; Rujito, L; |
| Publish Date | APR 2024 |
| Journal Name | IRANIAN JOURNAL OF PEDIATRICS |
| Citation | |
| Abstract | <p>Background: Exclusive breastfeeding (EBF) for up to 6 months postpartum provides numerous benefits to both mother and child. Despite these advantages and the recommendation for EBF during the first 6 months postpartum, the global prevalence of EBF is on the decline. The method of delivery is one of the many factors that influence EBF rates. Enhanced Recovery After Cesarean Section (ERACS) has been shown to improve breastfeeding rates in comparison to the standard Cesarean section. Objectives: The purpose of this study was to investigate the association between ERACS and non-ERACS delivery methods with EBF and the early initiation of breastfeeding (EIBF). Methods: This cross-sectional study involved a minimum of 96 subjects for each category. Non-ERACS delivery was categorized into vaginal delivery and standard Cesarean section. The success rates of EBF at 0, 1, 3, and 6 months were evaluated using an exclusive breastfeeding questionnaire, which demonstrated a Cronbach's Alpha of 0.931, indicating a high level of reliability (≥ 0.60). The association between the variables was analyzed using the chi-square test. Results: The study identified a significant association between the method of delivery and EBF ($P = 0.036$), with vaginal delivery having a Relative Risk (RR) of 1.286 (0.858 -1.927) and standard Cesarean section an RR of 1.679 (1.156 - 2.437) for not engaging in EBF for 6 months in comparison to ERACS. Furthermore, a significant association was observed between delivery methods and EIBF ($P < 0.001$), with an RR of 1.190 (0.717 -1.967) for vaginal delivery and an RR of 2.667 (1.762 - 4.035) for standard Cesarean section for not initiating breastfeeding early compared to ERACS. Conclusions: There is a significant association between ERACS and non-ERACS delivery methods with both EBF and EIBF. Both vaginal delivery and standard Cesarean section are associated with a higher risk of not engaging in exclusive breastfeeding at 6</p> |
| Publish Type | Journal |
| Publish Year | 2024 |
| Page Begin | (not set) |
| Page End | (not set) |
| Issn | 2008-2142 |
| Eissn | 2008-2150 |
| Url | https://www.webofscience.com/wos/woscc/full-record/WOS:001265836200001 |
| Author | Dr Dr LANTIP RUJITO, M.Si.Med |