

La Gestione del dolore nel parto

L'opinione del neonatologo

Francesco M Risso

UOC Terapia Intensiva Neonatale e Neonatologia

BREASTFEEDING is an important public health concern

EDITORIAL VIEWS

Labor Epidural Analgesia and Breastfeeding

David H. Chestnut, M.D.

Anesthesiology 2017; 127:593-5

Decreased incidence of breast and ovarian cancer.

Early cessation of breastfeeding or no breastfeeding is associated with

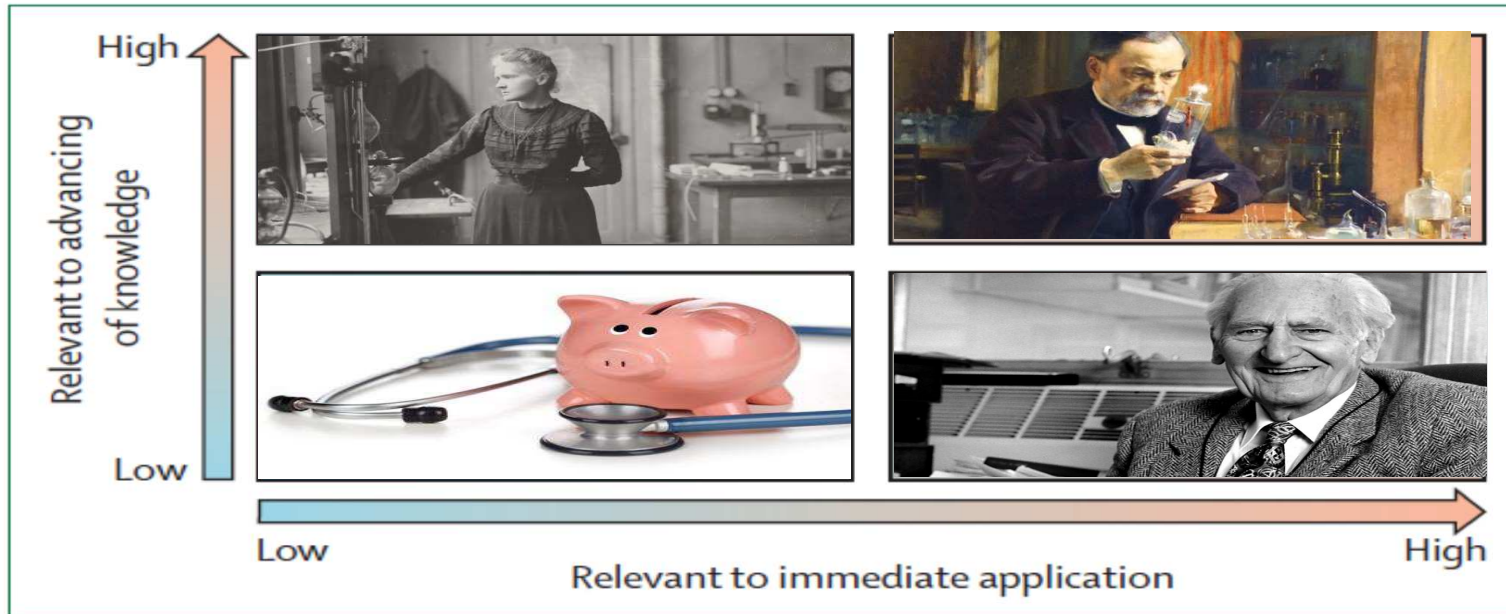
Increased risk of maternal postpartum depression

The duration of breastfeeding is positively associated with a decreased risk of maternal hypertension and cardiovascular disease.

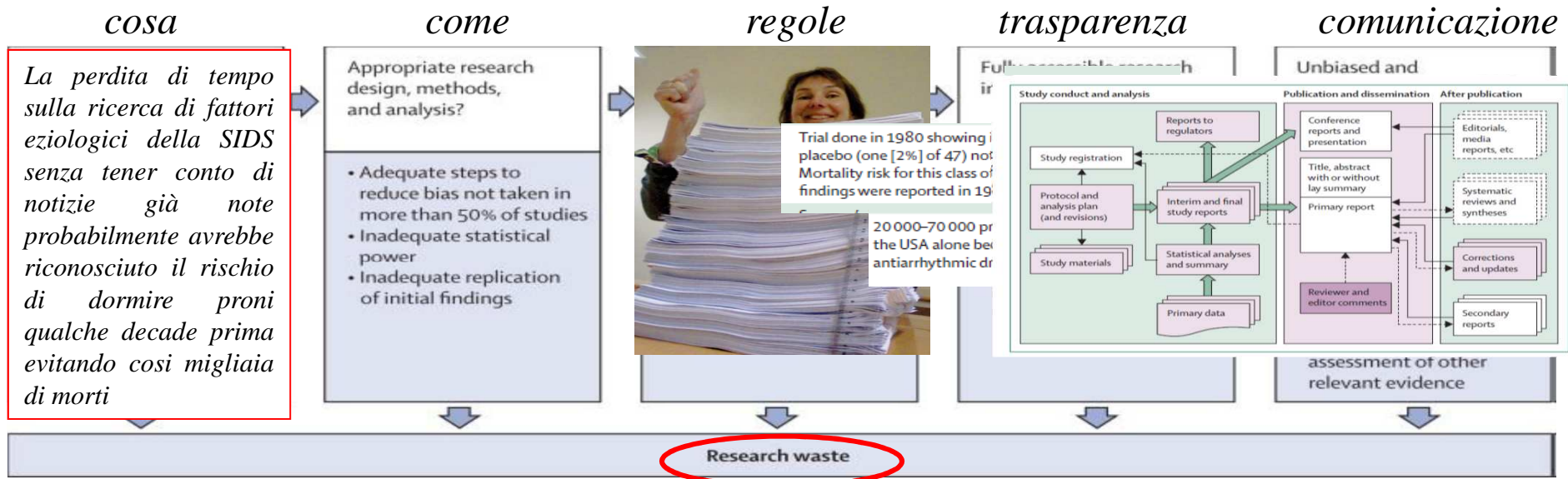
Benefits for the child include

Decreased risk of acute otitis media, necrotizing enterocolitis, nonspecific gastroenteritis, severe lower respiratory tract infection, atopic dermatitis, asthma, obesity, diabetes (types 1 and 2), childhood leukemia, and sudden infant death syndrome.

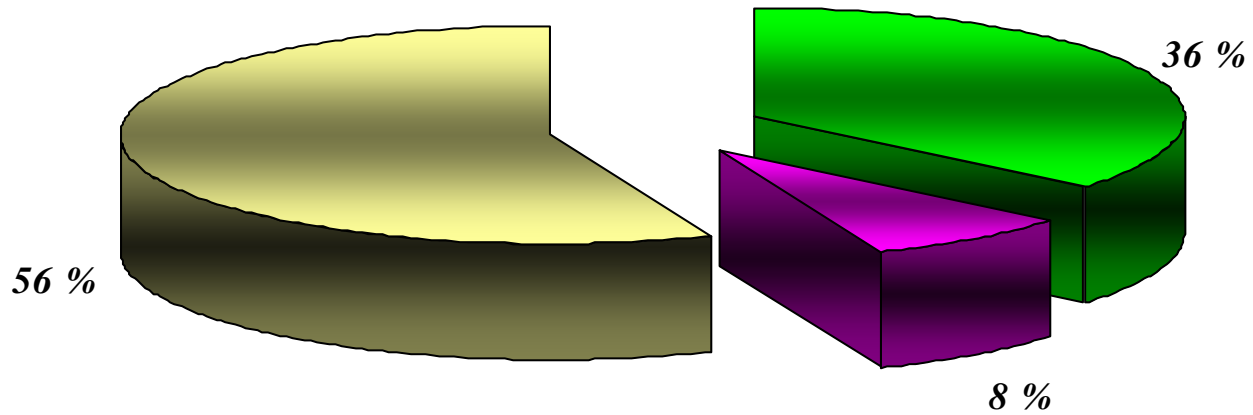
The American Academy of Family Physicians recommends that infants be breastfed for the first year of life, and that they be breastfed exclusively for the first six months of life






Differenti categorie di ricerca



Moher D Lancet 2016



-  *Problemi al neonato*
-  *Percezione Spinte*
-  *Allattamento*

Epidural Labor Analgesia—Fentanyl Dose and Breastfeeding Success

A Randomized Clinical Trial

Anesthesiology, October 2017

Amy I. Lee, M.D., Robert J. McCarthy, Pharm.D., Paloma Toledo, M.D., M.P.H., Mary Jane Jones, R.N., Nancy White, R.N., I.B.C.L.C., Cynthia A. Wong, M.D.

As medical practitioners, it is important to ensure our anesthetic interventions do not impede the mother's or infant's ability to breastfeed

Among motivated parous women with a previous history of successful breastfeeding, **epidural analgesia maintained with an analgesia solution that contains fentanyl did not have adverse effects on breastfeeding outcomes**



Up to 37% of women experience moderate or severe pain after vaginal delivery (*East, Midwifery, 2012*)

After pains are further exacerbated by breastfeeding, as nipple stimulation causes the release of oxytocin, which promotes additional and more forceful uterine contractions (*Takahata et al. Plos One, 2018*)

Severe compared with mild pain during the first 36 hr after delivery was associated with a 3-fold increase in the incidence of postpartum depression at 8 weeks postpartum (*Eisenach et al., Pain 2008*)

Epidural Analgesia to Facilitate Breastfeeding in a Grand Multipara

Gilbert J. Grant, MD¹ , Andrew P. Agoliati, MD¹,
Ghislaine C. Echevarria, MD¹, and Jerome Lax, MD¹

PCEA (patient controlled epidural analgesia) for sever after pains

The greatest disadvantage of PCEA is that the epidural catheter needs to be maintained in situ, and the patient is connected to an electronic pump

The risk of using PCEA is extremely low. Infection, for example, is essentially a nonissue if the catheter is maintained in situ for 4 days or fewer



PCEA was unequivocally helpful to enable early initiation of breastfeeding. Because PCEA provides complete pain relief without sedation, **it should be considered as an option to encourage women with a history of severe after pains to initiate breastfeeding soon after delivery.**

