

Early versus traditional postoperative feeding after Cesarean Section

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Obstetrics and Gynecology

By

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Abstract

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This short study showed that early feeding after caesarean section is much more better than traditional feeding after bowel sounds or passage of flatus , it resulted in less nausea , less vomiting , more rapid return in bowel function , less distension and less hospital stay, in addition to more rapid return to home, less crowdedness in hospitals

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List of Abbreviations

| | |
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| ACOG | American college of Obstetricians and Gynecologists. |
| AD | After date |
| BC | Before Christ |
| CS | Cesarean section |
| CSE | Combined spinal epidural |
| CTG | Cardiotogography |
| DVT | Deep venous thrombosis |
| EDD | Expected date of delivery |
| EFM | Electroning fetal monitoring |
| E.g. | For example |
| FBS | Fetal blood sampling |
| FHR | Fetal heart rate |
| GA | General anesthesia |
| Gest. age | Gestational age |
| HIV | Human immune virus |
| IL | Interleukin |
| L | Lumbar |
| LSCS | Lower segment cesarean section |
| MMC | Migrating motor complex |
| NS | Non significant |
| P | Probability level |
| POI | Postoperative ileus |
| RCOG | Royal college of Gynecologists and obstetricians |
| RCT | Randomized controlled trial |
| SD | Standard deviation |
| UK | United Kingdom |
| USA | United States of America |
| VBAC | Vaginal birth after cesarean |

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Introduction
And
Aim of the Work

Introduction

There has been an increase in Cesarean section rate over the past 20 years, which is not uniform but associated with wide variations between and within countries .(*Sachs et al ;1999*)

This is not a recent phenomenon, a senior Obstetrician in 1922 wrote to the British Medical Journal: "The art and science of midwifery have either been lost by the younger generation in this country or will certainly be lost if this mad rage for Cesarean section is continued (*Chamberlain and Steer ;2001*)

Women delivered by Cesarean section need more care after the operation than those who give birth vaginally. (*Kovavisarach and Atthakorn*).

One long-standing caveat of post surgical care related to feeding of the abdominal surgery requires the patient to have normal bowel sounds and pass flatus before starting oral feeding. This practice is based on the assumptions that early feeding increases the incidence of nausea, vomiting, and abdominal distention if bowel sounds have not returned before the initiation of oral feeding.(*Adupa et al; 2003*).

The current protocol for postoperative management requires that oral feeding should be restricted during the first 24 hours .After this restricted period a liquid diet is provided for the next meal, and a soft diet is prescribed on the next day after the Cesarean section .The full regular diet is prescribed on the third day if the patients do not feel abdominal

discomfort .The length of hospital stay is at least 4 days. (*Chantarasorn and Tannirandorn ; 2006*)

Because most Cesarean deliveries are performed under regional anaesthesia, require little intestinal manipulation and involve younger patients, some investigators have suggested that women who have undergone a Cesarean can safely receive solid food as early as 4-8 hours after surgery.(*Gocmen et al ;2002*)

Studies has shown that early oral feeding is associated with reduced protein store depletion, improved wound healing and faster recovery, with earlier hospital discharge and reduced costs. (*Adupa et al; 2003*).

The nature of Cesarean section surgery which includes minimal bowel manipulation, a low rate of preoperative peritonitis and a relatively short duration of surgery allow a more rapid postoperative return of bowel function and quite more rapid patient recovery compared with other major abdominal surgeries or the ill/moribund patients. (*Adupa et al; 2003*)

Aim of the study

The aim of this work was to evaluate feasibility, safety and tolerance of early oral feeding after cesarean and its effect on the length of hospital stay.

Review of Literature

Chapter 1:
Cesarean Section

Cesarean section

Definition

Delivery of a baby by an abdominal and uterine incision known as Cesarean section (C.S) is increasingly used for safe delivery for fetal or maternal reasons either electively or as an emergency. A small proportion is contributed by maternal request for non medical reasons (*Penna & Arulkumaran ; 2003*) or by monetary incentives (*Finger ; 2003*). Advent of blood transfusion with minimal incidence of cross reactions, improved anesthesia, aseptic and antiseptic techniques and the invention of antibiotics have made it a safe procedure. Depending on the population and the facilities available the incidence varies between 10 and 25 % in most developed countries. (*Arulkmaran ; 2007*)

History Of Cesarean Section

Young in his monograph of " the history of cesarean section " published in 1944 reached a conclusion that" it is quite impossible to ascertain exactly when the operation of cesarean section was first performed, whether on a living woman or post-mortem. There is no doubt however , that history of cesarean section is of great antiquity"(*Young ; 1944*).

Though the earliest medical writers are silent on the subject of cesarean section, yet unmistakable references are made to it in ancient Rabbinical writings such as the Mischnagoth (140 B.C.) and the Talmud

complied between the second and sixth centuries AD covered all aspects of obstetrics, didn't refer to cesarean section (*Cunningham et al, 2005*).

As for the origin of the term "cesarean section" several explanations have been suggested . It has been widely believed that the name of the operation is derived from a Roman Law , supposedly created by-Numa Pompilius (2nd king of Rome, 761-715 B.C.) Known as the Lex Regia, by which it was forbidden to burry a pregnant woman before the child had been cut out. Later in the time of the Caesars, the law became the Lex Caesarea, and this is the most probable derivation of its present name (*Cunningham et al, 2005*).

Another explanation is that according to legend, Julius Caesar was born in this manner, with the result that the procedure became known as the "Cesarean operation". Several circumstances however weaken this explanation. Firstly the mother of Julius Cesar lived for many years after his birth in 100 B.C., and as late as the 17th century , the operation is almost invariably fatal. Secondly the operation whether performed on the living or dead, is not mentioned by any medical writer before the middle ages. (*Cunningham et al, 2005*).

A linguistic explanation states that the word cesarean was derived sometime in the middle ages from the Latin verb Caedera, "to cut". An obvious cognate is the word caesura, a cutting, or pause, in a line of verse. This explanation of the term cesarean seems most logical, but exactly when it was first applied to the operation is uncertain . Because "section " is