

IS EARLY ORAL FEEDING AFTER CAESAREAN SECTION BENEFICIAL IN LOW-RESOURCE SETTING?

Dr Babatunde Awolaja¹, Dr Taofik Ogunfunmilayo², Dr David Awonuga², Dr Adesoji Adebayo²
¹Macclesfield District General Hospital, Macclesfield, United Kingdom. ²Federal Medical Centre, Abeokuta, Nigeria

INTRODUCTION

- The presence of active bowel sounds or passage of flatus following an abdominal surgery is generally believed to be a sign for the resumption of oral feeding.
- This is based on the assumption that early feeding increases the incidence of nausea, vomiting and abdominal distension if bowel sounds have not resumed before initiation of oral feeding¹.
- Early oral intake is associated with early recovery of normal bowel function, and is an important strategy for improving postoperative outcome without significant increase in gastrointestinal complications².

OBJECTIVES

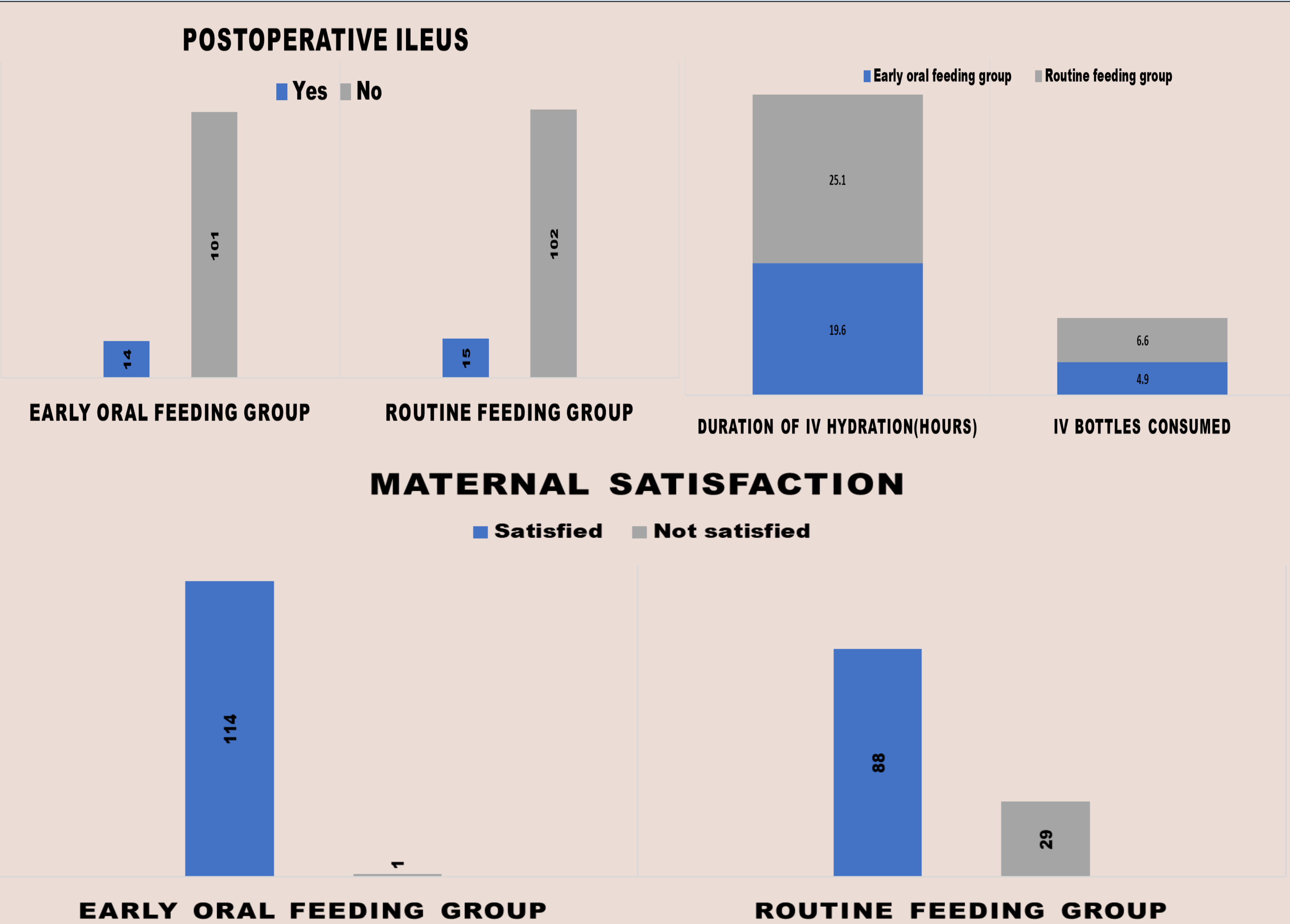
- To assess the effect of early feeding on the incidence of ileus post caesarean section.
- To determine the effect of early feeding on the duration of intravenous hydration.
- To determine the effect of early feeding on maternal satisfaction.

METHODS

- A prospective randomised controlled study.
- A total of 236 women who met the inclusion criteria were assessed and randomised into two groups; early oral feeding group (within 6-8 hours) and the routine feeding group (after 24hours).
- Randomisation was achieved by a computer-generated random number list; data collection was done using a semi structured pretested questionnaire and analysis was done using SPSS version 19.

RESULTS

- Two hundred and thirty-two women were included in the final analysis.
- There was no significant difference in the incidence of postoperative ileus in both groups (p = 0.882).
- Women who were fed early had a significantly shorter duration of intravenous hydration (p = 0.000), and consumed a significantly smaller number of intravenous fluid bottles (p = 0.000).
- Maternal satisfaction rated higher in the early feeding group (p = 0.000).



DISCUSSION

- This study was done to determine the safety and benefits of early initiation of oral feeding following caesarean section.
- There was no significant difference in the incidence of postoperative ileus in both groups and none of the women developed severe ileus symptoms.
- Women in the early fed group had a significantly shorter duration of intravenous fluid hydration and consumed significantly fewer bottles of intravenous fluid, and a significant proportion expressed desire for early introduction of oral feeding.
- This finding was consistent with the current body of evidence demonstrating the safety and benefits of early oral feeding after caesarean section.

CONCLUSION

- Early initiation of oral feeding after caesarean section is safe and well tolerated.
- It does not increase the incidence of paralytic ileus.
- It is associated with early recovery of normal bowel function which aid in the healing process and wellbeing, thus facilitating early hospital discharge.
- It is an economically viable option and does not compromise patient care and comfort.

REFERENCES

1. Casto CJ, Kramer J, Drake J. Postoperative feeding: a clinical review. Obstet Gynecol Surv. 2000;55:571-573.
2. Patolia DS, Hilliard RL, Jr, Toy EC, Baker B, III. Early feeding after caesarean section: randomized trial. Obstet Gynecol 2001;98:113-116.
3. Teoh WH, Shah MK, Mah CL. A randomized controlled trial on beneficial effects of early feeding post-caesarean delivery under regional anaesthesia. Singapore Med J 2007;48:152-157.
4. Orji EO, Olabode TO, Kuti O, Ogunniyi SO. A randomized controlled trial of early initiation of oral feeding after caesarean section. J Matern Fetal Neonatal Med 2009;22:65-71.
5. Al-Takroni AM, Parvathi CK, Mendis KB, Hassan S, Qunaibi AM. Early oral intake after caesarean section performed under general anaesthesia. J Obstet Gynecol 1999;19:34-37.