

# C-SECTION

I personally believe every woman should experience the joy of natural birth. Does it hurt? It can. Are there unknowns? Absolutely. However, the same is true for c-sections. A close friend of mine had a c-section and told me she had to tap into torture techniques she learned while active duty military during her c-section. She didn't expect it to be as mentally demanding as it was because it is largely painted as the "less painful" option. **If you can, my best advice is to avoid a c-section as much as possible especially for your first birth. That being said, some women can only give birth via c-section.** I have another close friend who experienced a ruptured uterus during her second pregnancy (due to a previous c-section) and could only give birth to future children via the same route. If you must give birth this way, you still have options to have a more natural c-section! Here are some tips + products to research.

**c-section** Click on each icon to jump to desired section.



## what happens during a c-section?

First, here's a brief overview of a cesarean section which is also known as a c-section. It'll help you understand how to prepare + heal for this surgical procedure.

## PREOPERATIVE PREPARATION

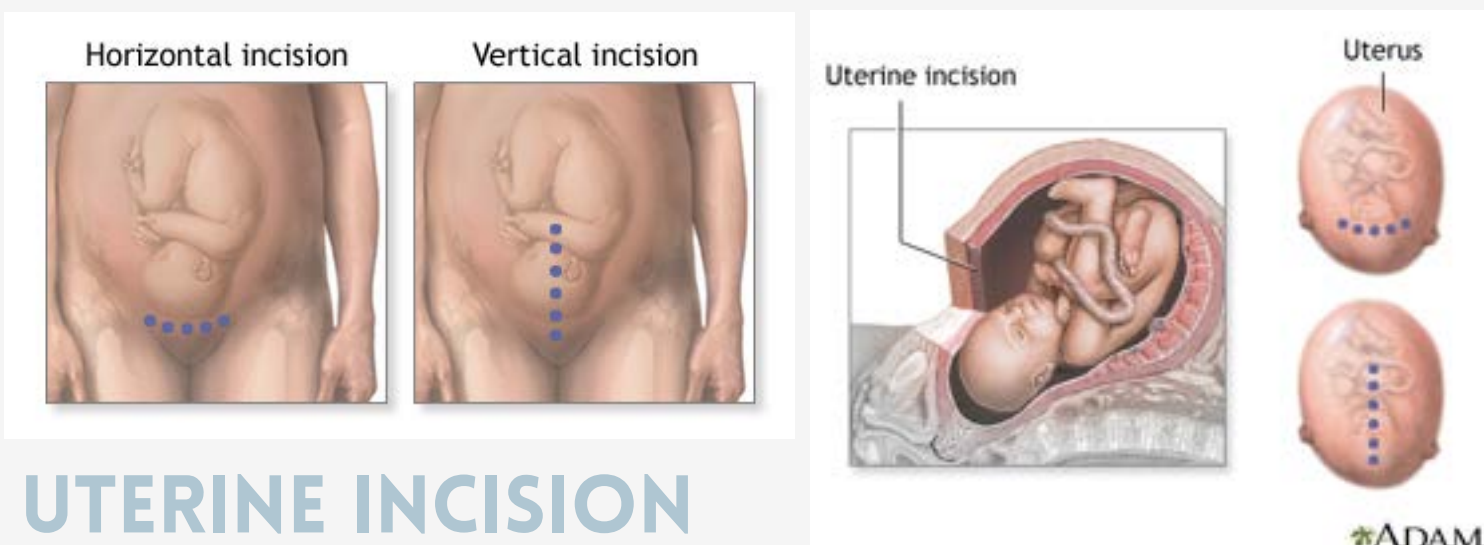
- Before the surgery, your medical history is reviewed, and relevant tests (such as blood tests and an ultrasound) are performed.
- Anesthesia options include general anesthesia, spinal anesthesia, or epidural anesthesia. Most C-sections are performed with regional anesthesia (spinal or epidural) to numb the lower half of the body while allowing you to remain awake during the procedure.

## PLACEMENT IN THE OPERATING ROOM

- You're brought into the operating room, where the surgical team includes an obstetrician, anesthesiologist or nurse anesthetist, and nurses.
- Your vital signs are monitored continuously throughout the procedure.

## INCISION

- A horizontal incision (low transverse incision) is made just above your pubic bone, typically about 4-6 inches long. In some cases, a vertical incision (up and down) may be used, but this is less common.
- Your abdominal muscles are separated, and the peritoneum (the lining of the abdominal cavity) is opened, allowing access to the uterus.

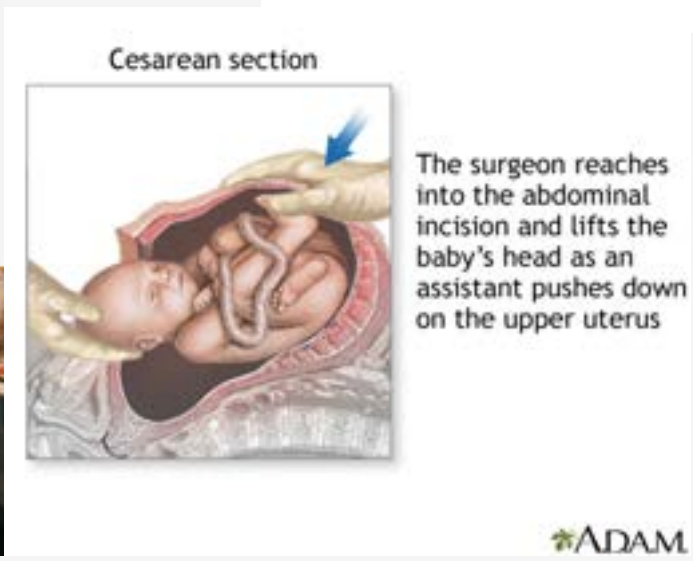
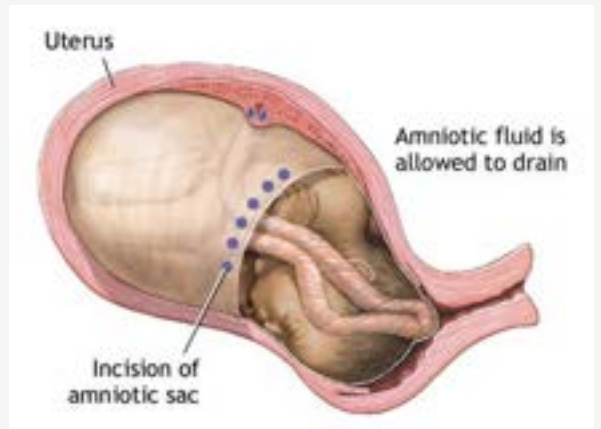


## UTERINE INCISION

- A transverse incision is made in your lower segment of the uterus, which is usually horizontal and referred to as a "low transverse" or "bikini cut" incision. This incision is intended to lower the risk of uterine rupture in future pregnancies.
- In some cases, a vertical incision on your uterus (a "classical" incision) may be necessary, but it is less common due to higher risks.

# DELIVERY OF YOUR BABY

- Once the uterine incision is made, the obstetrician delivers your baby through the incisions.
- Your amniotic fluid is suctioned from your baby's mouth and nose to facilitate breathing.



# PLACENTA REMOVAL + CLOSURE

- After the baby is delivered, the placenta is removed from your uterus.
- Your uterine incision is closed with dissolvable sutures, and your abdominal incision is typically closed with stitches or staples.

# MONITORING + RECOVERY

- You're closely monitored in the recovery room to ensure that you're stable.
- Pain management and incision care are provided as needed.
- Most mothers can start breastfeeding and engage in light activities within two days.



## *c-section risks*

 <https://medlineplus.gov/cesareandelivery.html>

- Infection
- **Blood loss**
- **Blood clots** in the legs, pelvic organs, or lungs
- Injury to surrounding structures, such as the bowel or bladder
- A **reaction** to the medicines or anesthesia used


Some of these risks do also apply to a vaginal birth. But it does take longer to recover from a cesarean delivery than from a vaginal birth. And having a cesarean delivery can raise the risk of having difficulties with future pregnancies. The more cesarean deliveries you have, the more the risk goes up.

 <https://medlineplus.gov/ency/article/002911.htm>

A C-section may also cause problems in future pregnancies. This includes a higher risk for:

- Placenta previa
- Placenta growing into the muscle of the uterus and has trouble separating after the baby is born (placenta accreta)
- Uterine rupture

These conditions can lead to severe bleeding (hemorrhage), which may require blood transfusions or removal of the uterus (hysterectomy).

 Postpartum preeclampsia, while rare, can occur after delivery, even if you did not have preeclampsia during your pregnancy. Call your provider right away if you:

- Have swelling in your hands, face, or eyes (edema)
- Suddenly gain weight over 1 or 2 days, or you gain more than 2 pounds (1 kilogram) in a week
- Have a headache that does not go away or becomes worse
- Have vision changes, such as you cannot see for a short time, see flashing lights or spots, are sensitive to light, or have blurry vision
- Body pain and achiness (similar to body pain that can occur with a high fever)

<https://medlineplus.gov/ency/patientinstructions/000624.htm>





## BEFORE SURGERY

*eras protocols*

Discuss Enhanced Recovery after Surgery (ERAS) protocols with your OBGYN.



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202008/>

Enhanced recovery after surgery (ERAS) protocols are multimodal perioperative care pathways designed to achieve early recovery after surgical procedures by maintaining pre-operative organ function and reducing the profound stress response following surgery. The key elements of ERAS protocols include preoperative counselling, optimization of nutrition, standardized analgesic and anesthetic regimens and early mobilization.<sup>4-8</sup> Despite the significant body of evidence indicating that ERAS protocols lead to improved outcomes,<sup>9,10</sup> they challenge traditional surgical doctrine, and as a result their implementation has been slow.

Initiated by Professor Henrik Kehlet in the 1990s,<sup>11</sup> ERAS, enhanced recovery programs (ERPs) or “fast-track” programs have become an important focus of perioperative management after colorectal surgery,<sup>12</sup> vascular surgery,<sup>13</sup> thoracic surgery<sup>14</sup> and more recently radical cystectomy.<sup>7,8,15</sup> These programs attempt to modify the physiological and psychological responses to major surgery,<sup>16</sup> and have been shown to lead to a reduction in complications and hospital stay, improvements in cardiopulmonary function, earlier return of bowel function and earlier resumption of normal activities.<sup>9,10</sup> The key principles of the ERAS protocol include pre-operative counselling, preoperative nutrition, avoidance of perioperative fasting and carbohydrate loading up to 2 hours preoperatively, standardized anesthetic and analgesic regimens (epidural and non-opioid analgesia) and early mobilization (

For more detailed information, click [here](#).

If you know you'll need a c-section, consider a “Gentle Cesarean” which you can read more about [here](#). It is often referred to as a “Family-Centered C-Section.”

*obgyn interview questions*

Since your OBGYN is your surgeon, don't settle! Take the time to find the best one to fit your surgical needs. Here are some questions to ask:

\* **Experience and Approach**

- Have you performed gentle C-sections before?
- What is your approach to ensuring a more gentle and family-centered C-section?

\* **Birth Plan and Preferences**

- Can I create a birth plan or preferences list for my C-section, and will you accommodate it as much as possible?
- How flexible are you in accommodating my wishes during the procedure?

\* **Timing and Decision-Making**

- Under what circumstances do you recommend a C-section over a vaginal birth?
- How do you approach the decision-making process for C-sections?

\* **Family Involvement**

- Can my partner or support person be present in the operating room during the C-section?
- What measures do you take to involve the family in the birthing process, even during a C-section?

\* **Immediate Post-Birth Bonding**

- Will I be able to have skin-to-skin contact with my baby immediately after birth?
- How soon can I initiate breastfeeding?

\* **Pain Management**

- What pain management options are available during and after the C-section?
- Can I discuss alternatives to opioid pain medications if I prefer?

\* **Surgical Techniques**

- Do you use any specific techniques or practices to make the C-section more gentle, such as a clear drape to see the birth or delayed cord clamping?

\* **Incision and Scar Care**

- Can I request a low transverse incision for minimal scarring, and do you have experience with this approach?
- What recommendations do you have for scar care and recovery?

\* **Interventions and Monitoring**

- How do you minimize unnecessary interventions during the C-section?
- What monitoring and equipment will be used during the procedure?





\* **Emergency Situations**

- How do you handle emergencies during a gentle C-section?
- What is the plan if unexpected complications arise?

\* **Recovery and Postpartum Care**

- What is the typical recovery timeline for a gentle C-section?
- How do you support postpartum healing and emotional well-being?

\* **Insurance and Hospital Policies**

- Are there any insurance or hospital policies that may impact my ability to have a gentle C-section, and how do you navigate these?

\* **References and Testimonials**

- Can you provide references or testimonials from previous patients who have had gentle C-sections under your care?

From the perspective of a naturally-minded mom who had a gentle c-section, [here are more questions](#) to ask while interviewing OBGYNs.

*consider a midwife or doula*

It might seem odd to hire a midwife or doula when you plan to have a c-section, however they are more familiar with natural physiological birth and will be able to offer additional insight on how to mimic the benefits of vaginal birth in a surgical setting. For example, here is an excerpt from a woman's blog who wanted to provide her child with the many benefits a baby gains while traveling through the birth canal + vagina:

## Vaginal Inoculation and Probiotic Support

As I arrived to the hospital following cleansing with surgical soap (I made sure not to insert any to the vaginal area). I took a non-sterile 4x4 gauze square and inserted it into my vagina. I kept it in there for 2 hours and then prior to going to anesthesiology I removed it and stored it in a ziplock bag that my midwife held onto for post-delivery. It is important that both the gauze and the storage container are non-sterile as to not kill the vaginal cultures. When Stella, my daughter, was born within the first 30 seconds during the APGAR test my midwife was able to wipe the gauze over and inside her eyelids, nostrils, ears, and mouth. She then had Stella sucking on the gauze for a couple minute cycles over the first hour she was born.

This was the best way to mimic vaginal birth and almost immediately introduce bacteria to my baby. Research supports the role of vaginal bacteria including bifidobacterium and other species to be protective for immune support while providing a healthy start to gut flora promoting healthy digestion, skin, neurohormonal, and cognitive health. Sharing my true vaginal cultures with Stella was my way to imprint her with the unique elements of my birth canal. Yes, my husband thought this was weird and was reluctant to do the swabbing but was 100% on board with having my midwife do it. This was good as she was able to assert herself and get at my baby right away. But for those of you that don't have a midwife, it is your right and any family member present in the operating room can do this.

<https://www.naturallynourishedrd.com/my-natural-c-section/>

Additionally, midwives or doulas can offer emotional + psychological support, advocacy, and postpartum support including breastfeeding assistance and guidance on post-surgical recovery.

*be proactive*

After surgery, your full attention + energy will be on recovery. Here are some things you can organize before surgery to ease recovery when you get home from the hospital:


\* **Arrange postpartum support** Line up a support system for after the birth, which may include family members, friends, or hired help. Having assistance with household chores + baby care can reduce stress and help you recover physically.

\* **Create a comfortable + accessible space** Set up a well-organized recovery space at home. Ensure everything you need, such as baby supplies, toiletries, and comfortable clothing, are easily accessible. This [wheeled cart](#) is great!

\* **Prepare postpartum essentials** Stock up on postpartum diapers, maxi pads, comfortable underwear, ice packs, and anything else you'll need.

\* **Plan for breastfeeding support** Find a good lactation consultant now and add their contact info in your phone for any challenges that may arise postpartum.

\* **Organize a meal train or prepare postpartum meals** See the Homebirth section of the [Motherhood Guide](#) for lots of recommendations!





# AFTER SURGERY

## move your body

As soon as the effects of the anesthesia wear off, ambulate (walk/move your body) every 60-90 minutes. You may experience discomfort as your body adjusts, however movement will aid in circulation + recovery. And yes, most likely you'll be hunched over and barely able to shuffle, but this is an important element of activating the systems in your body that are essential in recovery!

## consider pain mgmt

You'll most likely be offered various pain management products from narcotics to ibuprofen or Tylenol. Make sure you and your partner know how to read manufacturer inserts and make informed medical choices for every medical product you accept. I have a [free training online](#) (no email required) that will teach you exactly how to read an insert. For natural pain recommendations, ask your provider about the options below:



\$9.87

For swelling, pain, bruising, and feeling "beat up" after surgery.



\$7.27

For surgical wounds with piercing, gnawing, or sore pain.



\$8.99

Helps heal from abdominal trauma like a c-section.



\$7.79

For nausea from the anesthesia or other pain medications.



\$9.88

For any nerve pain.



\$9.42

For emotional stress including grief, emotional shock, anxiety, persistent feelings of regret, mental/physical exhaustion, and homesickness.

New to Homeopathy? [Click here](#) for a quick-start guide!

## nourish your body

Anesthesia affects your nervous system which includes gastrointestinal function + regulation. A temporary paralysis of your intestines means digestion is halted and needs nourishment when the anesthesia wears off. Just like in vaginal birth, select foods that are easily digestible while in recovery and make sure to hydrate! This is crucial for digestion. For food, steamed veggies, clear broth soups, and herbal teas (ginger, chamomile, or caffeine-free peppermint) are great options!



Concerning electrolytes, this is my favorite brand! Electrolytes play a crucial role in maintaining various physiological functions in your post-surgery body including: maintaining fluid balance, muscle function, digestion, nerve function, hydration, heart function, blood pressure regulation, and kidney function. Other electrolyte-rich foods include bananas (potassium) and spinach (magnesium).

**Just Ingredients Electrolyte Powder**  
\$22.49 with discount  
"JUSTTHEINSERTS10" for 10% off

## prevent bladder infection

Anesthesia can also affect bladder control and antibiotics administered prophylactically before your c-section can affect the balance of bacteria in your urinary tract. Since a urinary catheter was used during surgery, you will have an increased risk of introducing bacteria into the urinary tract which can lead to a bladder infection. You'll have reduced mobility after surgery, however do not allow this to delay urination! Holding in urine for extended periods of time can promote the growth of bacteria in the urinary tract.



## Loona Portable Urinal

\$44.95

If you are like me, you don't like to inconvenience people (even if they are there to help you). Reject that thinking! The recovery nurses are there to make sure you have the lowest risk of infection as possible - it is their job to help. If you need to use the bathroom, no matter how frequent, ask for help! That being said, when you get home, you might not have readily available help. This is a good option to keep on your nightstand. This is HSA/FSA eligible + is designed to be used post-surgery.



To avoid bladder infection, probiotic-rich foods like yogurt with live cultures or probiotic supplements can help promote a healthy balance of gut bacteria which indirectly benefits urinary tract health. When looking for a probiotic, several Lactobacillus + Bifidobacterium strains encourage a healthy vaginal microbiome. Here are some options:



### **Dr. GreenMom Probiotics** "JUSTTHEINSERTS" for 10% off

I've personally been taking Dr. GreenMom Women's Health probiotic while pregnant with my third baby. The bottle is smaller + can easily fit in a hospital bag. The antibiotic support probiotic is a great option, however it must be refrigerated. It might be better for when you get home.



\$46.79 with discount

\$44.09 with discount



### **Wild Foods Prebiotic + Probiotic** \$19.99 per bottle

This is another favorite probiotic that I've used if my digestion is slow. In addition to probiotic strains, it also contains an organic prebiotic blend of banana fruit powder, Jerusalem artichoke, apple fiber, agave, and kiwi fiber powder.

After surgery, you're at an increased risk of anemia due to blood loss. Read about ways to bolster your hemoglobin levels in the Third Trimester section of the [Motherhood Guide](#).

## *incision care*



<https://medlineplus.gov/ency/patientinstructions/000624.htm>

If you go home with a dressing (bandage), change the dressing over your cut once a day, or sooner if it gets dirty or wet.

- Your provider will tell you when to stop keeping your wound covered.
- Keep the wound area clean by washing it with mild soap and water. You don't need to scrub it. Often, just letting the water run over your wound in the shower is enough.
- You may remove your wound dressing and take showers if stitches, staples, or glue were used to close your skin.
- Do not soak in a bathtub or hot tub, or go swimming, until your provider tells you it is OK. In most cases, this is not until 3 weeks after surgery.

If strips (Steri-Strips) were used to close your incision:

- Do not try to wash off the Steri-Strips or glue. It is OK to shower and pat your incision dry with a clean towel.
- They should fall off in about a week. If they are still there after 10 days, you can remove them, unless your provider tells you not to.



Packed with antibacterial, anti-inflammatory, antifungal, and antiseptic qualities, this spray + salve effectually cleanse wounds and help them to heal while fighting against infection.



\$9.60 with discount

### Rowe Casa Organics

#### Boo Boo Spray + Salve

“JUSTTHEINSERTS” for 20% off your first order

For healing products, I prefer Rowe Casa because every batch is tested for heavy metals, harmful contaminants, pesticides, molds, and

bacteria. A must when trying to prevent infection! If you have an aloe vera plant, harvesting the gel can also help with incision care. Be sure to read ingredient labels for any pre-made aloe vera gel as many add filler ingredients. Even though you will be tempted to use a scar prevention product, make sure your incision has completely closed and your healthcare provider has inspected it first.

## scar care

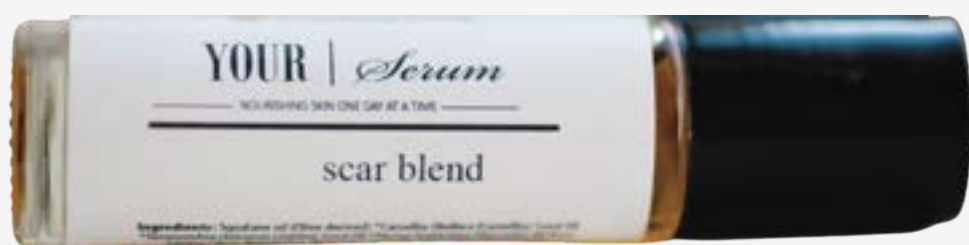
Even though it might be uncomfortable at first, consider gentle scar massage right after your incision has healed and the scab is gone. This will reduce scar tissue buildup, improve circulation, enhance tissue elasticity, and alleviate itching or nerve-related sensations. Also, gently massaging your scar will improve your scar appearance. Here is a [great resource](#) to learn how to perform gentle scar massages on yourself. Additionally, below are some scar treatment products that you can apply right before your massage:

\$16 with “JUSTTHEINSERTS” for 20% discount



For 10% discount, use discount code “JUSTTHEINSERTS” at checkout.

With discount, Roller is \$13.50, 1 oz dropper is \$16.20, and 2 oz dropper is \$26.10.



\$21.60 with “JUSTTHEINSERTS” for 10% discount

Contains Vitamin E, Calendula, Chamomile, Jojoba, Rose Hip, and Sea Buckthorn Berry oils which are great for recovery!

## abdominal support

Similar to vaginal birth, your intestines need support after birth and even more so after abdominal surgery. Here are some belly bands that have been recommended after c-section:

\$128.00



\$87.95





# breastfeeding support

We'll go into breastfeeding post-surgery in the next section, however in regards to breastfeeding with a c-section incision, FridaMom's Post-Op Incision Protector has been highly recommended to prevent baby from accidentally kicking your lower stomach. Also this has a pouch for hot + cold therapy which can aid in recovery.



\$39.99



## Pharmedoc Nursing Pillow

\$39.95

We'll discuss why breastfeeding is of utmost importance for a baby born via c-section, however it still doesn't diminish how hard breastfeeding can be. I only had vaginal births and breastfeeding was the hardest part of postpartum for me. With delayed initiation, limited mobility, and increased risk of engorgement, try to find the best tools to support your breastfeeding journey post-surgery! A supportive nursing pillow like this one will help.

# emotional support

All women need emotional support postpartum. You may have longer physical healing than a vaginal birth, however make sure you are prioritizing mental healing as well! Here are some tips for overall recovery + adjustment to motherhood post-surgery:

- \* **Acknowledge and process emotions** It's completely normal to have a range of emotions after a C-section, including disappointment, sadness, and frustration. Allow yourself to feel and express these emotions. Talking to a trusted friend, family member, or therapist can be helpful in processing these feelings.
- \* **Seek support** Reach out for emotional support from your partner, family, and friends. Don't hesitate to let them know how they can help you emotionally, whether it's through listening, providing encouragement, or offering assistance with daily tasks.
- \* **Connect with other mothers** Joining a support group or online community for mothers who have had C-sections can be beneficial. Sharing experiences and advice with others who have gone through similar situations can provide a sense of understanding and camaraderie.
- \* **Set realistic expectations** Understand that recovery from a C-section takes time. It's okay to ask for help and take things one step at a time. Avoid comparing your postpartum journey to others, as each woman's experience is unique.
- \* **Focus on bonding with your baby** Spend quality time with your baby, engaging in skin-to-skin contact, breastfeeding, and cuddling. Building a strong emotional connection with your child can be a source of joy and fulfillment.
- \* **Practice relaxation techniques** Incorporate relaxation practices into your daily routine. Deep breathing exercises, mindfulness meditation, and gentle yoga can help reduce stress and promote emotional well-being.
- \* **Involve your partner** Encourage your partner to be actively involved in your recovery and the care of your baby. Share your thoughts and feelings with your partner, as their emotional support can be invaluable.



Before we go into this section, **understand that none of the information we are going to discuss is shared to judge or shame.** Like I shared before, I have close friends who have been limited in their birthing options and had c-sections. You are no less of a woman or mother because you had a c-section. Your body still created life + you were designed to be your baby's mother no matter how they were born. **Do not let a surgical procedure diminish your motherhood purpose.**

That being said, there are biological disadvantages to c-section for baby compared to vaginal birth. It's been widely studied and thankfully, because we know this, there are ways you can be proactive and limit risk for your baby. To be prepared, read through the potential differences of c-section compared to vaginal birth:

- \* **Respiratory Issues** Babies born via c-section may be at a slightly increased risk of transient tachypnea (rapid breathing) and respiratory distress syndrome (RDS), particularly if the c-section is performed before 39 weeks of gestation. This is because the compression of the baby's chest during passage through the birth canal, which helps expel amniotic fluid from the lungs, is skipped in a c-section.
- \* **Delayed Microbiome Transfer** During a vaginal birth, a baby is exposed to the mother's vaginal and gut bacteria, which helps seed their microbiome. C-section-born babies may have a different microbiome, which could potentially affect their long-term health. We touched on this in the previous section.
- \* **Potential for Infections** C-sections are surgical procedures, and there is a risk of infection for both the mother and the baby. Hospitals take precautions to minimize this risk, however be on alert for potential infections to expedite treatment.
- \* **Delayed Skin-to-Skin Contact** Immediate skin-to-skin contact is often delayed after a c-section due to the surgical procedure and recovery process. Skin-to-skin contact is important for bonding + breastfeeding.
- \* **Potential for Surgical Complications** There are surgical risks associated with any procedure, such as infection, bleeding, and injury to nearby organs. These complications can also indirectly affect the baby's well-being. Discuss these risks with your OBGYN + ask how they mitigate each one.
- \* **Longer Recovery for the Mother** Mothers who undergo c-sections usually have a longer and potentially more uncomfortable recovery period compared to vaginal birth. This may limit their ability to care for the baby immediately after birth.

*so what can you do?*

First, make sure you read through the recommendations concerning your own health. You cannot pour from an empty cup. Even though the umbilical is no longer connecting you to your baby, you are both still connected. Baby truly only wants you, however if you are not properly supported and unable to fully recover, you cannot be there for baby. As for baby, here are some things to consider + discuss with your healthcare provider to mitigate risks:

- \* **Respiratory Issues** If the c-section is planned and not medically urgent, discuss with your healthcare provider the possibility of waiting until 39 weeks of gestation to reduce the risk of respiratory issues in the baby. After birth, encourage early and frequent skin-to-skin contact to help regulate the baby's breathing and promote bonding.
- \* **Delayed Microbiome Transfer** Prioritize breastfeeding as it can help establish a healthy gut microbiome in your baby. Breast milk contains beneficial bacteria that can support your baby's digestive health. Discuss with your healthcare provider the possibility of swabbing your vaginal and perianal areas with gauze before the c-section. This gauze can then be used to transfer some of your vaginal and gut bacteria to your baby's mouth after birth, potentially seeding their microbiome.
- \* **Potential for Infections** Ensure that everyone who handles the baby, including yourself, practices good hand hygiene to minimize the risk of infection. Also, while finding your hospital for surgery, inquire their rate of hospital infections.
- \* **Delayed Skin-to-Skin Contact** Research "gentle cesareans" which we discussed in the previous section. One important element of this practice is placing baby on mother's chest right after delivery.



- \* **Potential for Surgical Complications** Choose a reputable healthcare facility and surgeon with experience in performing c-sections to minimize the risk of surgical complications. Follow your healthcare provider's postoperative care instructions diligently to reduce the risk of complications during recovery.
- \* **Longer Recovery for the Mother** Prepare for a longer recovery period by arranging for postpartum support from family members, friends, or hired help. Having assistance with household chores and baby care can make the recovery process more manageable.

## breastfeeding

In addition to the nursing pillow + importance of skin-on-skin bonding which we've already discussed, here are a couple other breastfeeding considerations after a c-section:

### POSITIONING

Experiment with different breastfeeding positions to find one that's comfortable for you. Some c-section moms find that side-lying or a laid-back position is less painful because it puts less pressure on the abdominal incision.



**SIDE-LYING POSITION:** useful if you have had a C-section, but also allows you to rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

After my first birth, my baby and I had the hardest time finding a position to get a good latch. Finally, a lactation consultant recommended side-lying position. It was perfect! Some say this is more advanced, but it was the only position I could breastfeed for weeks. It's great for rest + recovery too.



**LAI-D-BACK HOLD (STRADDLE HOLD):** a more relaxed, baby-led approach. Lie back on a pillow. Lay your baby against your body with your baby's head just above and between your breasts. Gravity and an instinct to nurse will guide your baby to your breast. As your baby searches for your breast, support your baby's head and shoulders but don't force the latch.

Find c-section breastfeeding support resources as soon as possible! One of my favorite resources is Legendairy Milk's blog + social media accounts. I'm a visual learner and appreciate their emphasis on showing actual moms + babies breastfeeding. For example, here's a great [blog post](#) about proper positioning. They also offer a virtual latching + positioning [class](#) that can help provide more insight.

### BREAST PUMP

Consider using a breast pump to help establish your milk supply, especially if your baby is not latching well initially. Pumping can also provide some relief if your breasts become engorged. Even though most breastfeeding books I read while pregnant with my first baby had good intentions, they made me feel that pumping was something to be avoided. It can cause an oversupply and of course baby wouldn't receive the benefits of skin-to-skin that they receive while breastfeeding. Because of this fear, I think this made breastfeeding much harder than it needed to be as a first time mom.

After struggling with low supply with my first baby + having to supplement with formula, I let go of the negative connotations of pumping with my second baby. I started pumping within the first week postpartum. It didn't replace my one-on-one time with my son to breastfeed and he never experienced nipple confusion. Pumping was a valuable tool to provide breastmilk for my son much longer than I would have if I hadn't started pumping. It's definitely something to consider to support your breastfeeding journey! I'll go more in depth on breastfeeding in the Postpartum sections along with my favorite breast pumps.

Looking for more? Much of what I've already recommended in previous sections can be used after a C-section. Stay tuned for robust Postpartum sections for both mom + baby which will include diapers, breastfeeding supplies, and much more!