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Several factors related to the mother and the baby, however, have a negative effect on the initiation of breastfeeding. Mode of delivery is one of these factors. When delivery takes place by cesarean section, the mother becomes a surgical patient with all the inherent risks and problems. The cesarean rate in the world has started to rise. Many mothers have to cope with having a cesarean just as they are also trying to care for their newborn children. Cesareans delivery affect significantly is breastfeeding.

When we look according to delivery types, breastfeeding is affected by these reasons after the cesarean birth:

1. Maternal pain, fear and stress, fatigue, and prolonged recovery
2. Complications and separation of mother and baby
3. Delayed access to baby and supplementary feedings
4. Anesthesia and analgesia (delayed lacto genesis and poorer infant suck)

Cesarean section may limit mother's comfort in terms of positioning, but the baby's sucking stimulate mother's uterus contract more quickly, speeding up their healing. Researches show fewer women breastfeed their babies after having had a cesarean. Breastfeeding advocates have long promoted the idea that woman who has had a cesarean need extra support and help to establish breastfeeding.

114 STRATEGIES FOR INCREASING BREASTFEEDING SUCCESS

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Breast milk is the preferred nutritional source for all newborns and infants through the first six months of life and is widely recommended through the first year. It has significant health benefits for infants and mothers. Providing maternal support and structured antenatal and postpartum breastfeeding education are the most effective means of achieving breastfeeding success. Immediate skin-to-skin contact between mother and infant and early initiation of breastfeeding are shown to improve breastfeeding outcomes.

WHO/UNICEF were determined tens steps for increasing breastfeeding success. This steps are;

- Determining a written breastfeeding policy,
- Training all health care staff for implementing this policy,
- Informing all pregnant women about the benefits and management of breastfeeding,
- Helping mothers initiate breastfeeding,
- Showing mothers how to breastfeed and how to maintain lactation,
- Giving infants only breastmilk,
- Practicing rooming-in,
- Encouraging breastfeeding on demand,
- Giving no pacifiers or artificial nipples,
- Supporting mother with foster breastfeeding groups before discharge.

In this curriculum nurses can work as lactation consultants for teaching breastfeeding to new mothers. Lactation consultants help mothers for determining obstacles. And also teach some basic points for deciding timing of breastfeeding, using the experiences of others and being ready to start breastfeeding. Some social support systems like La Leche League International is also a great resource for sharing breastfeeding experience. More supported mothers continue breastfeeding more successfully. And more breastfeed child become healthier children.

115 BREASTFEEDING AND BONDING AFTER CESAREAN

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Breastfeeding is the most suitable and unequalled method of feeding, one that ensures the healthy growth and development of the infant. At the same time, breastfeeding is a vehicle of interaction that has positive biological and emotional effects on the health of both mother and child. Some mothers who undergo a cesarean birth have difficulty at the beginning with taking their babies in their arms and breastfeeding. For this reason, babies encounter problems at the breast.

Moreover, during the mother's stay at the hospital, the nurse should provide her with information about lactation and the mechanism involved, breastfeeding methods, baby care, problems that may be encountered and their solutions, breast care, personal care, nutrition and exercise.

Bonding is often an issue after a caesarean. Many mothers report feeling distant and detached from their caesarean babies. In part, this may be because the mother is not able to actually "see" the baby emerging from her body, and is usually one of the last people to get to hold and snuggle baby for any real time.

Lastly, starting off on a positive mother-baby relationship after a cesarean helps to instill a feeling of trust in the child and forms the foundation for the development of a healthy personality in later life. Nurses and other health professionals working with newborns have important responsibilities in helping to initiate this relationship.

116 ROLE OF NURSES IN MULTIPLE BABIES BREASTFEEDING SUCCESS

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Mother's milk is the most appropriate food for infants. There is no other food to replace it. The number of multiple-birth families has increased dramatically in the last several decades. It has always been wondered how to breastfeed multiple babies. A lot of questions come to mind such as what would be the best method for babies, the things that can be done for sufficient milk for each baby, the requirements for a comfortable breastfeeding period of mother.

Milk production is associated with the law of supply and demand and the amount of produced milk was found to be enough to feed all babies in previous studies. The families, especially mothers having multiple babies need support and information by the professional medical personnel on issues such as breastfeeding technique, increasing the milk supply and collection method of milk, duration and frequency of feeding and weaning.

It is commonly believed that breastfeeding of multiple babies is difficult, troublesome, and even impossible. Virtually all mothers can breastfeed one or more infants, provided that they have correct information and the support of their family and health care professionals. Nurses have an important function on infant feeding decisions. It is vital that nurses have the basic knowledge and skills to provide advice and assist in solving breastfeeding problems.

117 ACCREDITATION OF MEDICAL TRAINING IN THE US: ARE PROGRAMS CREATING COMPETENT TRAINEES?

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The assessment and accreditation of medical education training in the United States is rapidly moving from experience-based to