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In Women who had Undergone C-Section, How can Early Compared with Delayed Oral Feeding Help in Decreasing the Upcoming Complications?

Mahshad Ashrafpour *

Corresponding Author: Mahshad Ashrafpour,.

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Abstract

Objective: *To compare the effect of early oral feeding with delayed oral feeding in women who had undergone C-section in post operational complications.*

Methodology: *The literature was searched using electronic databases PubMed and Cochrane library to find studies related to my PICO.*

Result: *Generally early oral feeding in women who had undergone C-section can reduce gastrointestinal complications compared with delayed oral feeding. Early oral feeding reduced postoperative hospital stay as well.*

Conclusion: *Early oral feeding after C-section increases women's satisfaction and minimizes the complications.*

Background

I have decided to do my research about this subject because of its significance in clinical practice, I also searched a lot and figured out that not much attention is given to the diet of women after labor. Based on what I have seen and heard from multiple women, they usually experience a very bad and suffering period of time after C-section because of insufficient and inappropriate diet and they have All clinicians must have enough information regarding this tough experience and try to help women to overcome this complication or at least minimize it as much as possible. Even by all the progresses in medicine, still many women are suffering from bad diet after having C-section.

In 2018, number of vaginal deliveries for United States was 2,581,992 and 1,208,176 caesarean sections were performed. (Joyce et al. 2019). According to the latest data from 150 countries, currently 18.6% of all births occur by CS, ranging from 6% to 27.2% in the least and most developed regions, respectively (Betran et al. 2016).C-section occurs in 0.3% to 0.5% of pregnancies worldwide. (Getahun et al. 2006). Women with an uncomplicated pregnancy should be offered induction of labor beyond 41 weeks because this reduces the risk of perinatal mortality and the likelihood of CS. (National Institute for Health and Care Excellence [NICE]), 2004).

The goal of my research is showing the importance of providing appropriate diet for women who are dealing with C-section adverse effects. In my opinion an appropriate diet after any surgery is of great importance, now imagine the condition of woman after a C-section that she must take care of her baby,

and there is not an appropriate diet for so she becomes so weak. The information that I gathered in this research can surely help physicians understand when a woman can be fed. In this research I tried my best to find information regarding comparison of early and delayed oral feeding.

Methods

I looked for key words ((Early diet) AND "Cesarean Section"[Mesh], (gastrointestinal complication) AND "Cesarean Section"[Mesh], (Delayed oral feeding) AND "Cesarean Section"[Mesh]) on PubMed website and I found 246 results, then I filtered the results to receive only systematic reviews, randomized control trials, clinical trials and meta-analysis by which I excluded a lot of the results and 62 results remained. I took a quick look on their abstracts and then from these 62 results, those which were related to my PICO the most, were chosen. I also paid attention to the date of the release of article and those which were since 2000 till 2020 were selected. Also, for final selection, I also considered how many times the article has been cited by other articles and that's how I chose my final 5 articles.

Results

A total of 5 articles (4 controlled trials (Adupa et al. 2004), (Orji A. et al. 2009), (Maswson et al. 2019), (Ogbadua et al.2018) and 1 systematic review (Mangesi et al. 2002)) were included in this review. Totally 1462 women were included. Results offered that early oral feeding was notably related to the return of gastrointestinal functions compared with delayed oral feeding. Early oral feeding (EOF) resulted in increased bowel sound the morning after surgery, EOF 87.0% and LOF 44.8% (P-value<0.001)(Mawson et al. 2019). According to Mawson et al. (2019), no difference in time to passing flatus (EOF 1,589.4±802.8 min, LOF 1,621.8±756.6, P- value 0.809) or time to passing stool after surgery (EOF 3,213±868.8 min, LOF 3,084±660, P- value 0.504) were observed and there was no difference in gastrointestinal complications (EOF 42.03%, LOF 41.79%, P-value 0.978), other complications monitored, nausea, vomiting and bloating at 6–8 hours after surgery, 24 hours after surgery and at discharge were also not significantly different (P-value ≥0.05). Also, the early feeding group had a shorter mean hospital stay 4.80 +/- 0.59 days versus 6.69 +/- 0.71 days (p = 0.001)(Orji et al. 2009).

Discussion

There is huge difference in the outcome of early and late oral feeding but it had been only measure in women who had C-section with no accompanying problem such as diabetes or any other problem so it cannot be used for all women who are planning for C-section, which is a limitation of this research. Mawson et al. (2019), determined that early oral feeding is superior to late oral feeding: firstly, EOF increased bowel sound (a key indicator of the return of bowel function) the morning after surgery, secondly, there was no difference in GI complications between the EOF and LOF groups. Early feeding is said to have a positive effect on the gastrointestinal tract by stimulating bowel peristalsis and earlier return to bowel function. (Ogbadua et al. 2018) Generally, providing early oral feeding shortened the length of hospital stay since the patients had more rapid return of bowel function compared to traditional delayed oral feeding group. According to Ogbadua et al. 2018, women who were fed early made more rapid recovery and expressed their interest in early discharge. Also maternal satisfaction was more in early oral feeding group compared to delayed oral feeding group which could be explained by the positive gains of practices that included shorter hospitalization, positive psychological effects of early recovery and economic benefits.

The strength of this research is that 4 of the articles that I've chosen (4 controlled trials (Adupa et al. 2004), (Orji A. et al. 2009), (Maswson et al. 2019), (Ogbadua et al.2018) are randomized and so the cases are chosen randomly. According to Mawson et al. 2019, the participants filled-out their assessment surveys in real-time as they recovered in the post-partum ward, reducing the recall bias in participants.

The limitations of this research is that all the women who participated in the studies didn't have any accompanying complication and they all had uncomplicated C-section so these results cannot be reliably applied to complicated or emergency C-section cases or to those who have some accompanying complications. According to Ogbadua et al. 2018, the economic impact of early feeding was not measured in this study, it can be easily argued that the decreased intravenous fluids and parenteral medications occasioned by early oral intake as well as early discharge from hospital may have benefited the patients economically.

All the benefits which are provided by early oral feeding emphasize that early oral feeding is very important and all physicians must keep it in their minds.

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