



Patient Information: Breastfeeding & Anaesthesia

This information leaflet should provide useful & important information regarding breastfeeding around the time of a surgical procedure requiring an anaesthetic.

One of the most important things for you to do, however, is to inform your surgeon, anaesthesiologist, and the nursing/midwifery staff that you are currently breastfeeding. Breastfeeding is of great benefit to both you and your infant, so every effort should be made to facilitate continuation as much as possible.

- You do ***not*** need to stop breastfeeding if you need an anaesthetic. You may breastfeed as normal up until the time of surgery, and arrangements should be made by your hospital to allow you to breastfeed as normally as possible both before and after your surgery. There is ***no need*** to express & discard (“pump & dump”) breast milk after an anaesthetic.
- Medications used during the course of your surgery & in the post-operative period may pass through to your breast milk in very small amounts. For the most part these low levels are safe to continue to breastfeed, however your anaesthesia team should be able to answer any questions regarding specific medications.
- Some medications can make you feel sleepy, especially if you need lots of doses. It is important to be aware that if this is the case, the medications might build up in your breast milk, and affect your baby by making them drowsy.
- The type of anaesthetic you need will be dependent on many factors, including the type of surgery, the timing of surgery, and also your current state of health. Your anaesthesiologist will advise you on this, taking your preferences into consideration. Local and Regional Anaesthesia are preferable as they have least interference with infant care.

Continue breastfeeding:

- ✓ Before surgery
- ✓ After surgery

Local Anaesthesia	Regional Anaesthesia	Sedation	General Anaesthesia
<ul style="list-style-type: none"> Medication is injected into the surgical area to produce numbing effect Early recovery, almost no transfer to breastmilk. 	<ul style="list-style-type: none"> Medication is injected to numb the nerve/ nerves going to the surgical site. Injection is distant from surgical site itself. Most common forms of regional anaesthesia offered in The Rotunda are Spinal/ Epidural. 	<ul style="list-style-type: none"> Medications are given to relax you during a procedure. This can be light sedation (just to take away anxiety) or deep sedation (very sleepy and less likely to remember the surgery) 	<ul style="list-style-type: none"> Completely unconscious for the duration of the surgery. Medications may pass through to breastmilk but in very small amounts. Safe to breastfeed after.

- On the day of your surgery, you should breastfeed as normally as you can right up until you go into the operating theatre. You will be given guidance to follow beforehand on how much and when to eat and drink leading up to your surgery.
- You should be able to breastfeed as soon as you are awake enough to hold your baby again after surgery.
- Post-operative pain relief is very important, as it can impact your recovery and your ability to care for your baby safely.



Paracetamol & Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) such as Ibuprofen or Diclofenac (Difene) pass in very low levels to breast milk, and are known to be safe for use while breastfeeding.



Opioids (morphine, tramadol & oxycodone) may be used with caution for severe post-operative pain. It is important that these medications are used only for a short period of time after your surgery, and only if the pain is severe. These medications have variable effects on people, with some people being far more sensitive to small doses than others. They often make people feel drowsy, and can pass this effect on to your baby through your breast milk. If this happens, and you notice your baby becoming drowsy, you should stop taking the opioid medication and ask your doctor for advice on potentially changing medication. If your baby shows signs of breathing difficulties, you should seek emergency medical attention.



Codeine, or medications containing Codeine (i.e. Solpadeine, Solpadol, Tylex), should not be taken by breastfeeding women, as some infants may lack the ability to process this medication normally, which could lead to dangerously high levels building up in your infant's system.

- You should not co-sleep/bed-share with your baby the night following your surgery. This is because you are likely to still be slightly drowsy, and less aware of your baby. For the same reason, it is important not to fall asleep with your baby in your arms or while breastfeeding in an armchair or on a sofa. Ideally you would organise for a second responsible adult to help you look after your baby for the first 24 hours following a surgery.



The information contained in this leaflet is supported by guidelines from the Association of Anaesthetists.

Reference:

Mitchell, J. et al. (2020) 'Guideline on anaesthesia and sedation in breastfeeding women 2020', *Anaesthesia*, 75(11), pp. 1482–1493. doi:10.1111/anae.15179.