



## **Surgery and Breastfeeding**

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

Women who are breastfeeding may sometimes require surgery. Women in this situation may find they receive conflicting advice about the safety of breastfeeding after their operation. This most often arises from concerns about the effects on the baby of the anaesthetic and pain relief medication due to exposure from breastmilk. However, interrupting breastfeeding is generally not necessary and may inconvenience and cause breast discomfort for the mother as well as potentially reducing her breastmilk supply. This may result in a decreased ability to continue breastfeeding her baby in the long-term.

### **Anaesthetics**

In general, mothers with healthy newborn or older infants can start breastfeeding after general surgery as soon as they are awake, stable and alert.<sup>1</sup> This is because general anaesthetic agents rapidly disappear from the mother's bloodstream and breastmilk after the anaesthetic is ceased. Thus, there is no need to discard breastmilk after surgery.

Caution is necessary if the baby is premature, ill, medically unstable or has breathing difficulties. In this situation the baby would be more susceptible to the effects of anaesthetic medication.<sup>2</sup> If you are uncertain, you should discuss with your anaesthetist or ring MotherSafe.

Similarly, for more minor procedures, such as dental work and endoscopies (gastroscopy or colonoscopy) which require a single oral dose or injection for sedation and pain relief, breastfeeding is possible as soon as the mother is alert and up and about.<sup>1</sup>

Local anaesthetics for procedures, do not transfer into breastmilk, so breastfeeding is not affected.<sup>2</sup> However caution is necessary when large amounts of local anaesthetic are used, such as during the plastic surgery procedure liposuction.<sup>1</sup> Please ring MotherSafe in this situation to speak to one of our counsellors.

### **Nausea, vomiting and pain**

Like other medications used at the time of surgery, medications for nausea and vomiting after surgery are in general compatible with breastfeeding. Ondansetron and dexamethasone are most commonly prescribed.<sup>2,3</sup>

**Anti-inflammatory** medications such as ibuprofen and diclofenac transfer poorly into breastmilk and do not cause any drowsiness. The use of these medications as first choice can help to minimise the dose of other, more sedating medications to control pain.<sup>1</sup>

Paracetamol is also compatible with breastfeeding and is not associated with drowsiness.



**Opioid** pain medications include morphine, pethidine, fentanyl, oxycodone and codeine. They are often required after surgery. These in general have low levels in breastmilk so breastfeeding can continue without interruption. However, they can be associated with the development of drowsiness especially if the breastfed baby is premature or younger (less than 4 weeks old) or when the medications are used repeatedly at higher doses. This may particularly be a concern with codeine and oxycodone when the mother has a history of sensitivity to these medications.<sup>3</sup>

**It is very important that you take the recommended dose of pain medication and see your doctor if your baby experiences drowsiness or other symptoms.**

**Ask your doctor or pharmacist for the brand names of these medicines.**

### **References**

1. Montgomery A, Hale TW and the Academy of Breastfeeding Medicine. ABM clinical protocol #15: analgesia and anesthesia for the breastfeeding mother, revised 2012. *Breastfeeding Medicine* 2012; 7(6):547-553.
2. Hale TW. *Clinical therapy in breastfeeding patients*. 1<sup>st</sup> ed Amarillo: Pharmasoft Medical Publishing; 1999.
3. Hale TW, Rowe HE. *Medications and mother's milk*. 16<sup>th</sup> ed. Plano: Hale Publishing; 2014.

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