

Many women find they can fully breastfeed after breast surgery; however, some women may find they are not able to make a full milk supply and need to supplement their baby with commercial milk formula. Although fully breastfeeding is the most beneficial for your baby, partial breastfeeding also has great importance for your baby because of the nutritional, immunological, developmental, and other benefits of breastmilk and breastfeeding.

How much milk you have will depend on the type of surgery performed and what changes have occurred to the structures in the breast. It will also depend on what your breasts were like before the surgery. The surgery may have disrupted the milk glands (where milk is made) and /or the milk ducts (which transports the milk). If the nipple was moved to a new position during the surgery, this disrupts the nerve supply to the nipple and areola. However, sometimes nerves and ducts can regrow, and more glandular tissue develops during pregnancy.

Speak with your midwife or a lactation consultant before your baby is born for advice and support. This will give you the best chance to maximise your milk supply. It is also helpful to attend a breastfeeding class and learn as much about breastfeeding as you can during your pregnancy. Ask your midwife about classes available in your area and other resources.

Breastfeeding after treatment for breast cancer is safe as long as you are not taking certain anti-cancer medications. Discuss breastfeeding and your medications with your oncologist. Breastfeeding reduces the risk of the cancer reoccurring. However, both surgery and radiation therapy can change breast tissue. Women who have had a mastectomy, or a partial mastectomy and radiotherapy, are able to breastfeed from the other breast. Some mothers who have had radiotherapy after a partial mastectomy may be able to partially breastfeed on the affected side as well. Women who have had a double mastectomy will not be able to breastfeed.

The first breastfeed

- Babies are usually very alert in the first hour or so after birth, so this is the best time to start breastfeeding. Your midwife can assist you, placing baby skin to skin after birth for the first feed, offering help if necessary.

The early days

- Look for early signs that your baby is hungry (mouthing or sucking their fingers) then offer the breast. Feeding your baby frequently (babies usually feed every 1 - 3 hours) in the early days will help your milk supply. Offer both breasts at each feed at least once and allow your baby to stop feeding when they are ready.
- Holding your baby skin-to-skin in between feeds can be a lovely way to bond with your baby and will encourage baby to breastfeed often. If you prefer not to hold baby skin-to-skin, you can cuddle baby frequently while you are both lightly dressed.
- Ask your midwife to check baby's attachment and milk transfer while you are breastfeeding. If your baby is sucking and you can see or hear some swallowing and short pauses, then your baby is getting milk. If you and your baby are having difficulties with early feeds, ask your midwife to show you how to hand express your colostrum (early milk) and give this to baby frequently until breastfeeding improves.
- As your milk volume increases on the third to fifth day after the birth you will notice that your breasts feel heavier. They will feel softer and less heavy after a feed.
- Signs that breastfeeding is working well in the early days are period-like pelvic discomfort while

breastfeeding, feeling thirsty when feeding, a tingling feeling in breasts at the start of a feed. During breastfeeds you will see a change in the way your baby sucks from short quick sucks to rhythmical sucking with swallows. Baby's swallows will become more frequent as your milk volume increases.

Signs that baby is getting enough milk:

- Baby is breastfeeding well and frequently. Most babies need at least 8-12 feeds in 24 hours in the early weeks. They should have periods where they seem alert, active, and happy.
- Baby has plenty of pale yellow, heavy, wet nappies. Once baby is five to six days old, they should have at least 5 disposable or 6 cloth wet nappies in 24 hours.
- Baby has at least one bowel movement every day in the first few weeks. Your baby's bowel movements will change from the initial blackish meconium to more frequent runny mustard-yellow movements.
- Baby's weight loss is less than 10% of their birth weight in the first few days, baby is gaining weight by 8 days old and is back to their birth weight by around two weeks old.
- If you are concerned about whether your baby is getting enough milk, talk to your midwife, lactation consultant, or child and family health nurse. Ask for the brochure: *Increasing your breastmilk supply*.

Breastfeeding after the early days

- Continue to feed your baby whenever they show signs of hunger, offer both breasts at least once at each feed, and let baby decide when to stop feeding.
- Offer baby lots of skin-to-skin contact. Avoid using a dummy, if baby is unsettled re-offer the breast.
- Get advice from your lactation consultant, child and family health nurse, or doctor if you are concerned about your baby. If you are advised that your baby needs a top up of formula, breastfeed at each feed before offering formula as a top up. It can be helpful to reoffer your breast after the formula to settle your baby. This will also help with your milk supply.
- Many women who have had breast surgery successfully breastfeed or combine breastfeeding with supplementary (top up) formula feeding for many months. If top ups are needed, they can be given by cup, supply line or bottle. Lots of information and support will help.

Resources

- Your Midwife, Child and Family Health Nurse, or Lactation Consultant
- Australian Breastfeeding Association www.breastfeeding.asn.au Helpline: 1800 686 268.
- Breastfeeding after breast and nipple surgery: bfar.org
- Raising Children Network www.Raisingchildren.net.au
- Global Health Media Videos www.globalhealthmedia.org
- Australian Infant Feeding Guidelines (2012) www.eatforhealth.gov.au
- If you need an interpreter, please call Translating and Interpreting Service (TIS) on 131450