Breastfeeding after anaesthesia

Many women who are breastfeeding undergo anaesthesia for surgical procedures.

You're in good hands

Anaesthetists in Australia are highly trained medical specialists caring for all patients, including mothers. After graduating from medical school and completing an internship, at least five more years are spent undergoing training in anaesthesia, pain management, resuscitation and the management of medical emergencies.

The aims of this pamphlet are to:

- Provide you with basic information about breastfeeding after recently administered anaesthesia.
- Encourage you to ask questions of your anaesthetist.
- Reassure you about the safety of breastfeeding in the perioperative period for most patients.

In the past, there has been advice to 'pump and dump' for 24 hours after surgery and some women may continue to prefer to do this, however there are implications of the interruption to breastfeeding both for the baby and maternal supply. Many patients are happy to hear that this advice is conservative and probably outdated. Commonsense approaches, such as breastfeeding the infant as close to the time of the procedure as practicable and staying well hydrated, would seem reasonable.[1]

Once a mother is awake and alert after anaesthesia (or sedation) and able to safely hold her baby it is safe to breastfeed her baby. This includes after common sedation medications, antibiotics, anaesthetic and analgesic (pain relief) medications.

Once a mother is awake and comfortable after an anaesthetic her breast milk concentration of anaesthetic drugs will be very low and it is safe for her to continue breastfeeding unless she is unable to or doesn't want to.

There are around 100,000 births by caesarean section in Australia each year. Most of these mothers breastfeed their newborns safely despite undergoing either spinal, epidural or general anaesthesia for surgery and take pain relief medications post delivery. It is recommended that young babies (less than three months of age, including newborns) are initially monitored when their mothers are taking strong pain relief medications. This monitoring is for the sake of caution, and is extended to the use of strong medications called opioids. Fentanyl and other opioids are passed into breastmilk in small amounts. Care should be taken with newborns and high doses of some pain relief medications (including codeine, tramadol and oxycodone) due to the way that different people may process these medicines differently. Even these medicines are considered safe for use for the breastfeeding mother. To be as safe as possible it is suggested to monitor the baby, especially very young babies and premature infants (born earlier than 37 weeks). Premature babies may be more vulnerable to the side effects of some of these medications.

There are some medicines which may be avoided in breastfeeding mothers if possible. This is because newborns may be affected and there are alternatives

available and because not enough is known about the effects on breastfeeding babies. These include diazepam, pethidine, hydromorphone, methadone, codeine, quinolones, sulphonamides, ciprofloxacin, metronidazole and pregabalin. (You can ask your anaesthetist and surgeon about these). More information should be sought prior to the administration of these medications in lactating mothers.

Penicillins and cephalosporins (commonly used antibiotics) are passed into breastmilk in trace amounts and are considered safe during breastfeeding.

Drugs commonly used for anaesthesia in sedation and general anaesthesia are safe for use by the breastfeeding mother. You do not need to avoid common anaesthesia medications. You do not need to interrupt breastfeeding after anaesthesia. Most commonly used antibiotics are also safe for breastfeeding mothers and their infants.

Mothers may also choose to closely monitor their infants for any behavioural changes or increased sleepiness while breastfeeding in the period after surgery whilst they are still taking pain relief medications.[2]

Parents and health care providers may check any medications using the LactMed database (National Institute of Health).[3]

Speak to your anaesthetist if you have any specific concerns.

Further information

If you require further information please contact your anaesthetist. If you don't know your anaesthetist's name, contact your surgeon or procedural specialist.

More information about anaesthesia and anaesthetists can be found in the patients' section on the ASA website: www.asa.org.au

References

1. Chu TC, McCallum J, Yii MF. 'Breastfeeding after anaesthesia: a review of the pharmacological impact on children', *Anaesthesia and Intensive Care* 2013, 41:35-40.
2. Cobb B, Liu R, Valentine E, Onuha O. 'Breastfeeding after anaesthesia: A review for anaesthesia providers regarding the transfer of medications into breast milk', *Translational and Perioperative Pain Medicine* 2015, 1(2):1-7.
3. Drugs and Lactation Database (LactMed), (2006–present) National Library of Medicine (US), Bethesda, Maryland, accessed online 22 November 2019, Available at: https://www.ncbi.nlm.nih.gov/books/NBK501922/

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