Medications Following an Anaesthetic in Breastfeeding Mothers

We hope this leaflet will answer any questions you might have if you are breastfeeding and need a surgical procedure. Please make sure that your surgeon and anaesthetist know that you are breastfeeding so it is taken into account during the planning and performing of your procedure.
If you have any more questions after reading this leaflet, please feel free to ask a member of the anaesthetic staff.

Do I have to stop breastfeeding if I need an anaesthetic?

No, breastfeeding is of enormous value to both you and your baby. There are many safe ways to manage breastfeeding around having an operation. Nearly all drugs used during local/general anaesthesia and sedation will pass into breast milk but in very small amounts that do not affect your baby. It is felt that the advantages of breastfeeding your baby are outweighed by any small risk from the drugs.[2]

There are a few options for your anaesthetic for your operation. The type of surgical procedure often determines which kind of anaesthetic you need but we will try to take into account your preferences and help you to continue to feed your baby.

Local anaesthesia

Some procedures are performed with the patient awake, following a numbing injection to the area. This may be called local anaesthesia, or a nerve block. This technique is ideal if you are breastfeeding because it will not affect your ability to feed and you recover quickly from the procedure, thus reducing the time away from your baby.[2]

Sedation

This is when drugs are given to relax you during a procedure. It ranges from a small amount of drug given to reduce anxiety (light sedation), to being very sleepy and not remembering some of the details of the procedure (deep sedation). Sedation is often used in addition to local anaesthesia. It is safe to feed as soon as you feel awake enough to safely hold your baby.

compassionate care

General anaesthesia

This is when you are asleep for the entire time and do not have any awareness of the procedure. If you have a general anaesthetic, where possible we will give some local anaesthetic or a nerve block whilst you are asleep to reduce the amount of pain you have following the procedure. Following a general anaesthetic, it will take longer to 'come round' but as soon as you are awake enough to hold your baby safely, it is safe to resume breastfeeding. [2,3]

Frequently asked questions

Do I need to 'pump and dump'?

This term refers to expressing milk which is then discarded after a general anaesthetic. This is not necessary to do, because the anaesthetic drugs are transferred into the milk at very low levels and most of them cannot be absorbed by your baby. Studies have shown that the amount that reaches your baby is very small and very unlikely to cause harm. It is safe to breastfeed as soon as you are awake enough to hold your baby safely.[2,4]
If, however, you prefer to leave your baby at home and you know you will miss a feed, then you might choose to express some milk whilst in hospital to prevent your breasts becoming engorged. You will need to supply your own breast pump and you can store your expressed milk in the fridge in the day surgery wards if needed.

Is it safe to use pain relief after my procedure?

Yes, it is safe. It is important you are comfortable after your procedure, so you can take painkillers if you need them. If you are given a local anaesthetic, you are less likely to need as much pain killing medication.

Paracetamol

This is a very safe and effective pain killing drug. The amount a baby would receive from their mother's milk is much lower than the safe dose a baby can be given. If your baby needs paracetamol whilst you are taking it, it is still safe to give to your baby.[5,6]

Ibuprofen

This is a good choice for breastfeeding women as very low levels of the drug pass into breastmilk. This can be taken alongside paracetamol and preferably with food [5,6] There are certain procedures where drugs such as ibuprofen and other non-steroidal anti-inflammatory drugs such as naproxen and diclofenac (Voltarol) are avoided as they may cause increased bleeding and bruising.

Opioids

These are painkillers related to morphine. They can be weak or strong and can make you feel drowsy. Therefore, whilst taking opioids you should take extra care when looking after your baby. It is strongly recommended that you do not share a bed with your baby during this time.

If the baby has any difficulties breathing, drowsiness or difficulty feeding you should stop taking opioids and contact your GP / prescriber.

- **Morphine and Fentanyl**
  These are strong painkillers which you might need a small dose of during or following your procedure. They are transferred into breast milk in small amounts but high doses of these painkillers can sometimes cause your baby to be drowsy, have difficulty breathing or difficulty feeding[2]. These issues are more common in very young babies. However, we normally use low doses of morphine for a very short period so the problems are unlikely to occur, in rare cases alternative methods of feeding may need to be discussed. You should take regular paracetamol and ibuprofen after your procedure to reduce the amount of morphine that you need. If you have concerns, then stop taking these drugs and seek urgent medical advice.

- **Codeine Phosphate**
  This can be present either on its own or in combination with paracetamol in drugs such as co-codamol, Solpadine and Zapain. Drugs containing codeine should **NOT** be taken whilst breastfeeding, due to reports of serious issues related to breathing in babies when codeine is taken by their breastfeeding mothers.[6]

- **Dihydrocodeine**
  This medication is the medication of choice in breast feeding after paracetamol and ibuprofen if an opioid is needed. It is used for pain relief and has less risk to the infant than codeine. It is usually used for a short period of up to a few days.[6]

Are antibiotics safe to take?

During some operations, it is necessary to give an antibiotic to prevent infection. These antibiotics are transferred into breast milk in small amounts and should not cause serious problems to your baby. Some antibiotics can make breast milk taste different. Occasionally they can cause your baby to have diarrhoea.
Use of these antibiotics can cause thrush (a yeast infection) in your baby's mouth or your nipples. If your baby has thrush, he or she might be reluctant to feed, have a white coating to the tongue that does not rub off or a painful nappy rash. If you develop thrush you may have red, tender nipples and pain when your baby latches on. If you notice any of these symptoms, please visit your GP who can easily treat the thrush.

Can I bring my baby with me to hospital?

Yes you can but you must bring another adult to care for your baby as the staff on the ward will not be able to help to look after your baby. The adult responsible might prefer to look after your baby outside the hospital and bring your baby in to you when a feed is required. There is limited space on the ward so please only bring in essential items for your baby for the duration of your stay. Where possible, a private side room can be requested but we cannot guarantee that it will be available on the day of your admission.

How will I fit the feeds in?

If you have a very young baby who feeds very regularly it can be difficult to plan feeds and sometimes it may be possible to delay a procedure until your baby is older. However, if you are having your procedure and you are not first on the operating list you can ask for a half an hour warning before your procedure so you can try to feed your baby at that point. Some women choose to express milk before the procedure to leave an adequate supply for their baby.

Can I delay my procedure if I am breastfeeding?

This is something to discuss with your surgeon, as they will be able to advise on the urgency of your planned treatment. Although the risks are generally low, very young babies are more susceptible to issues from drugs that have passed into their mother's milk. Many elective procedures can be delayed until you have decided to stop breastfeeding, even if that is years away. However, some conditions require urgent or emergency treatment due to the risk to your general health. It is nearly always possible to continue to breastfeed safely, but you should make sure you inform your surgeon and anaesthetist.
If it is better to perform the procedure within a few months, it may still be possible for the procedure to be delayed until you have managed to introduce some other foods to your baby, normally when he/she is six months of age. This can also make it easier for the person caring for your baby whilst you have your operation.

If you have any questions about your medicines, you can discuss with your prescriber or contact the Trusts Medicines Information Helpline 01422 224356

References:

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4. Jones W. Anaesthetics and Breastfeeding [Internet]. The Breastfeeding network; 2019 [cited 2020 Jan 6]. Available from: http://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Anaesthetics%20and%20Breastfeeding.pdf

5. Drugs in Pregnancy and Lactation [Internet]. MedicinesComplete. [cited 2020 Jan 6]. Available from: https://about.medicinescomplete.com/publication/drugs-in-pregnancy-lactation/

6. Bisson DL, Newell SD, Laxton C. Antenatal and Postnatal Analgesia. BJOG Int J Obstet Gynaecol. 2019;126(4):e114–24.

If you have any comments about this leaflet or the service you have received you can contact :

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If you would like this information in another format or language contact the above.

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