

Safe breastfeeding after anesthesia:

Important information to help
breastfeeding and lactating patients.

How can I get extra
lactation assistance at this time?

If you need help with lactation or
breastfeeding, call **585-276-MILK**.

We'd be happy to set up a telemedicine or
in-person visit to help you.



Can I breastfeed or provide my milk after having anesthesia?

Yes, your milk is safe to use and you can breastfeed after anesthesia. In most cases, the milk you make before and after a surgery or procedure is safe for your child. In fact, your anesthesia team can help you to safely continue breastfeeding before and after surgery. We can help you time your feeds and/or pump sessions to help you save the most of your precious milk.



Who is here to help?

In the hospital, you'll have a team of providers who are here to answer questions and help you keep yourself and your child(ren) safe. **Let your surgeons and anesthesiologists know ahead of time if you are breastfeeding or expressing milk for your baby, and what your breastfeeding goals are for after surgery.** Your hospital support system includes:

Your anesthesia team is composed of either a board-certified or board-eligible anesthesiologist and may also include an anesthesiology resident or a certified registered nurse anesthetist. They will provide you anesthesia for your surgery or procedure, manage any medical issues you may have before, during or after your surgery, and keep you safe and comfortable both during and after your surgery.

Lactation Team and Lactation Medicine Specialist – a group of board-certified lactation consultants (IBCLCs) are available to help with issues like expressing milk, timing of pumping, milk supply and feeding at the breast after surgery, if needed. Our Breastfeeding and Lactation Medicine specialists have advanced medical training in management of complicated cases. Call 276-MILK if you'd like to set up a telemedicine or in-person appointment.

Human Milk and Different Types of Anesthesia

Breastfeeding and human milk feeding generally does not need to be interrupted for anesthesia, though we may advise you to time your feeding or pumping.

The following chart explains how the different types of anesthesia may affect your breastfeeding or pumping schedule.

TYPE OF ANESTHESIA	RECOMMENDATION
<p>Inhaled (Sevoflurane, Isoflurane, Desflurane, Nitrous Oxide): These are gasses that you breathe in. They act quickly, move in and out of your bloodstream quickly, and pass out of breastmilk just as fast.</p>	<p>You can breastfeed or pump after you have this type of anesthesia as soon as you are awake and alert.</p>
<p>IV, intravenous (Propofol, etomidate, paralytics, benzodiazepines, and other pain medications such as ketamine, dexmedetomidine, ketorolac, and Tylenol): These are generally given at the start of a procedure or surgery, and are timed so that they wear off at the end.</p>	<p>You can breastfeed or pump after you have this type of anesthesia as soon as you are awake and alert.</p> <p>For a single dose of midazolam, no interruption of breastfeeding is required. If the baby is newborn or premature, and you need more than a single dose of midazolam, we may recommend a pause in breastfeeding.</p>
<p>IV anesthesia can also include monitored anesthesia care (midazolam, fentanyl): These are taken by mouth or given through IV for pain or anxiety.</p>	<p>Pain medications may be given through IV during a procedure. Please see the section “plan for pain and nausea relief.”</p>

TYPE OF ANESTHESIA	RECOMMENDATION
<p>Local (Bupivacaine, lidocaine, mepivacaine): These are put into the body at the site of the procedure. They generally don’t disperse much in the blood, and therefore don’t pass into breastmilk.</p>	<p>No interruption of breastfeeding or pumping.</p>
<p>Nerve Blocks (Femoral Nerve Blocks, Supraclavicular Nerve Blocks, Axillary Nerve Blocks, Popliteal/Sciatic Nerve Blocks): These are put into the body “upstream” at the site of the procedure, so that the nerves to that area of the body are numb. They generally don’t disperse much in the blood, and therefore don’t pass into breastmilk.</p>	<p>If it’s necessary to numb up the arm – you may not be able to safely hold your baby, otherwise, no interruption of breastfeeding or pumping.</p>
<p>Epidurals and Spinals (Bupivacaine, opioids): These are put into the body at the base of the spine.</p>	<p>No interruption of breastfeeding or pumping.</p>
<p>Reversal Agents (Sugammadex, glycopyrrolate, neostigmine): These are used to help people “come out” of anesthesia.</p>	<p>No interruption of breastfeeding or pumping.</p> <p>Other reversal agents such as Flumazenil and Narcan are likely safe for short-term use.</p>



Did you know?

With human milk, “what goes in must come out.” With few exceptions, almost all medications pass into human milk, *and back out again* as they pass into and out of your blood.

Plan for Pain and Nausea Relief

We believe every patient has the right to safe pain control, and lactating parents are no exception. When we give a patient anesthesia, we usually also give some kind of pain medication during surgery. However, certain medications are safer than others for lactating patients. With human milk, “what goes in must come out.” This means almost all medications pass into human milk, and back out again as they pass into and out of your blood. So, we will choose medications carefully based on this.

The following guidelines can help you safely plan for pain management after surgery.

TYPE OF PAIN MEDICATION	RECOMMENDATION
Analgesia (examples: acetaminophen, ibuprofen): These are taken by mouth and help with pain and sometimes inflammation. They generally don’t pass much into human milk, and are sometimes used in small babies.	Very safe, no interruption of breastfeeding.
Opioids (Fentanyl, dilaudid, morphine): These are taken by mouth or given through IV and help with severe pain. Because they pass into human milk, and can have effects on small babies, we recommend using low doses for short amounts of time.	Depending on the medication, we will help you develop a plan to take a safe/low amount. Another option is to pause breastfeeding and maintain supply by pumping and discarding milk. The baby can be fed milk you have pumped before using the medication.

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TYPE OF PAIN MEDICATION	RECOMMENDATION
Anti-nausea medications (Ondansetron, haloperidol, phenergan, dexamethasone, aprepitant): These are taken by mouth or given IV and help with nausea or vomiting.	Low-dose short-term use of these medicines is safe for breastfeeding. Dexamethasone may temporarily lower milk supply.
Benzodiazepines (Lorazepam)	May be compatible with breastfeeding or pumping for short time periods.
Ketorolac	Very safe for breastfeeding or pumping.
Demedetomidine	Likely safe for short-term use.
Ketamine	Likely safe for short-term use.
Neuromodulators (Gabapentin, Lyrica)	Gabapentin is very safe for breastfeeding and pumping patients. Lyrica is likely safe for short-term use.

What can I do to make sure this goes well for myself and my child?

Be sure to tell us your **breastfeeding or lactation goals** ahead of time, and remind us on the day of the procedure.

Caring for your baby before/during/after surgery:

Before surgery. You may need to make sure your baby can drink from a bottle or cup before your procedure or surgery, if you will be apart for longer than 3 – 4 hours.



During/after surgery. Plan for child care. You will need someone to care for your child during the procedure, and you will need extra help caring for your child after your procedure as well. You may need help positioning the baby to breastfeed, or setting up your pump. Make sure you have someone with you for a few days, depending on the type of procedure.

Pumping before/during/after surgery:

Before surgery. You may want to pump some milk and store it before your procedure/surgery. This may be given to your child while you are apart, or if you need to pause breastfeeding during pain control. We can plan to have a pump and pump kit ready for you if you are having surgery at Strong Memorial Hospital. If you are having surgery at an outpatient center, please bring your own pump and pump kit.

During surgery. If you need help pumping during a long surgery, we can help with this as well.

After surgery. If you need to stay overnight, we will help you label and store milk so that it can be transported home.

Take care of yourself before your procedure:

Like any patient having a procedure, remember to eat healthy, get rest, and if you smoke cigarettes, try to quit.

My Notes & Questions for
my Anesthesiologist or Lactation Consultant
