General anaesthetics and Breastfeeding

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals and voluntary breastfeeding personnel.

Day surgery, or other minor operations entailing general anaesthesia, is necessary for some women whilst they are breastfeeding. Many professionals and mothers are concerned about the safety of the baby who may be exposed to the anaesthetic agents through their mother’s breastmilk after the operation. This adds to the stress for mothers undergoing procedures. Mothers who undergo caesarean sections are encouraged to breastfeed as soon as possible after delivery and may even have their baby brought to them whilst suturing of the wound takes place. Many women (anecdotally) are advised to pump and dump their breastmilk for 24 hours after short anaesthesia and in order to clear their breastmilk of the agents. This is not necessary (see references below).

General anaesthetic agents have very short half-lives and are redistributed in the body within minutes, which is why they have to be infused continuously. Some is stored within the fat of the body and gradually released over the following 24 hours but the levels of these on single short scale use are unlikely to cause any greater effect than drowsiness in the baby.

After the majority of minor surgery the patient is awake within a very short period. Once a mother is awake enough to recall that she has a baby and the need to breastfeed, the level in her milk is likely to be minimal.

Consideration does however need to be given to:
Who will look after the baby whilst mum is in surgery?
If mum has to remain in hospital over night are there facilities for the baby to remain with her?
and if so is she happy that the baby is there?
Is there someone who can look after the baby and bring it to mum when it is due for a feed?

After many operations an anti-emetic drug such as domperidone is given to reduce nausea, this may have the effect of increasing the mother’s milk supply. If she is to be separated from the baby for any length of time then she needs access to a breast-pump and a means to store the milk safely.
If it is possible to delay the operation until after weaning, the mother may choose this option but having an operation should not be used as a reason to pressure the mother to wean sooner than she would otherwise choose to do so.

References

- Anaesthetic Medications in Breastfeeding Mothers by Thomas W. Hale.
- http://www.kellymom.com/health/meds/anesthetics.html