

# Anaesthetics and Breastfeeding

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*The Breastfeeding Network factsheets will be reviewed on an ongoing basis, usually within three years or sooner where major clinical updates or evidence are published. No responsibility can be taken by the Breastfeeding Network or contributing authors for the way in which the information is used.*

*If you have any questions about this information, you can contact the Drugs in Breastmilk team through their [Facebook page](#) or [on druginformation@breastfeedingnetwork.org.uk](mailto:druginformation@breastfeedingnetwork.org.uk).*

**You can have a general anaesthetic and breastfeed as normal as soon as you are awake and alert following surgery. Care should be taken with co-sleeping that evening.**

**A 2020 [guideline from the Association of Anaesthetists](#) on Anaesthesia and Sedation in Breastfeeding is available**

For information on the use of local anaesthetics whilst breastfeeding please see our factsheet on [local anaesthetics](#).

For information on the use of local anaesthetics during dental procedures whilst breastfeeding please see our factsheet on [dental treatment](#).

You may need to have an operation under general anaesthetic whilst you are breastfeeding. You, or your healthcare professionals, may be concerned about the safety of your baby who may be exposed to anaesthetic agents via your breastmilk. This adds to the stress of undergoing procedures - minor or major. The risks of mastitis should not be ignored if you are told to pump. There is no evidence of the need to dump any milk expressed following anaesthesia.

Mothers who undergo caesarean sections under general anaesthetic (usually as an emergency procedure) are encouraged to breastfeed as soon as possible after delivery. In some cases babies are helped to latch whilst the mother is still in the recovery room and drowsy. Anecdotally, many mothers are advised to pump and dump their breastmilk for 24-48 hours after anaesthetic even for a short operation in order to clear the body of the drugs rather than simply to maintain supply. This is not necessary.

General anaesthetics have very short half-lives and are redistributed in the body within minutes which is why they have to be infused continuously during operations. Some is stored within the fat cells of the body and gradually released over the following 24-48 hours, but the level of drug released from a short procedure is unlikely to cause any greater effect than drowsiness in your baby.

In most cases of minor surgery, you will be wide awake within minutes of the end of the operation. Even with major surgery, recovery from the anaesthetic is short, although drowsiness may then result

**To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212**

*Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package.*

from opiate pain killers injected in theatre. Once you are awake enough to recognise that you have a baby who needs to be breastfed, the level of anaesthetic in your blood is likely to be small.

If you have had any medication, including anaesthetics, sedatives or pain relief, that could make you drowsy, you should not share a bed with your baby. See the [BASIS website](#) for more information on safe sleep.

Consideration does however need to be given to;

- Who will look after the baby whilst you are in surgery?
- If you are to remain in hospital overnight are there facilities for your baby to remain with you?
- If so, are you happy for your baby to be there?
- Is there someone who is available to look after your baby but bring them to you when a feed is needed?
- If your baby is not to stay with you, do you have access to a breast pump and somewhere to store the milk safely for it to be given to your baby later?
- Are you able to express milk for your baby? You need to avoid the risk of mastitis if you and your baby are separated.
- Is it possible to delay the operation until after weaning? This may not be an option nor should you be pressurised into weaning in order to have an operation. Breastfeeding and anaesthetic are not normally mutually exclusive.

## Bibliography

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