

# Day Surgery and Breastfeeding Mothers

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Day surgery, or other minor operations entailing general anaesthesia, may be 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 overnight 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.

## Bibliography

- Hale T.W Anaesthetic Medications in Breastfeeding Mothers.
- Nitsun M, Szokol JW, Saleh HJ, Murphy GS, Vender JS, Luong L, Raikoff K, Avram MJ. Pharmacokinetics of midazolam, propofol, and fentanyl transfer to human breast milk. Clin Pharmacol Ther. 2006 Jun;79(6):549-57.

**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.*

- Schneider P, Reinhold P. Anesthesia in breast feeding. Which restrictions are justified? *Anesthesiol Intensivmed Notfallmed Schmerzther* 2000 Jun;35(6):356-74.
- Spigset O. Anaesthetic agents and excretion in breast milk. *Acta Anaesthesiol Scand*. 1994 Feb;38(2):94-103
- [www.ilca.org/education/Anesthetic%20Meds.pdf](http://www.ilca.org/education/Anesthetic%20Meds.pdf)

