

Dental Sedation 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.

This factsheet has been reviewed and endorsed by the [Society for the Advancement of Anaesthesia in Dentistry \(SAAD\)](#)



You can breastfeed after sedation with midazolam as soon as you are awake and alert. However, you may feel drowsy, and your judgement may be impaired for up to 24 hours afterwards, so you will need to have another adult with you who can look after you and help you care for your child.

Some people become very anxious about dental procedures and prefer to be sedated beforehand. Dentists normally use a drug called midazolam. This drug is also used in several other procedures such as colonoscopy, endoscopy or other explorative surgery.

Only a low level of the drug will pass through to your child in your breastmilk, so you can breastfeed after sedation with midazolam as soon as you feel well enough. No concerns have been reported about breastfed babies experiencing side effects after their mother has been sedated with midazolam, but as a precaution it is sensible to monitor your child for drowsiness, slowed breathing rate and poor feeding, especially if they are under 6 weeks old. If you are concerned about your child, you can contact 111.

You may feel drowsy and have impaired judgement for up to 24 hours after sedation with midazolam. This may affect how easy it is for you to look after your child. Your dentist will ask you to make sure you have another adult with you for 24 hours after sedation. Ask someone who can also help you care for your baby or child. In particular, you may need help caring for your child at night, as you may be less able to respond to them. Your helper could bring your child to you when they need to be fed and remain with you whilst you are feeding them. You can speak to your sedationist about breastfeeding, and they will discuss the support you may need whilst recovering from sedation. You can also read more about the after-effects of sedation in the leaflet [Sedation Explained](#), from the Royal College of Anaesthetists.

Medicines that make you drowsy can make bed-sharing less safe. [Baby Sleep Info Source \(BASIS\)](#) have more information on sleep and safety. They recommend that you do not share your bed with your baby after you have taken medication that makes you sleepy. If you would usually bedshare, ask the adult supporting you

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.

after sedation to help you care for your child at night so that you do not need to share your bed until the effects of the sedation have completely worn off.

You can discuss the timing of your sedation with your sedationist. Having your procedure first thing in the morning may make it easier for you to breastfeed (with support from your accompanying adult) that night, as there will have been more time for the sedation to wear off.

Sedating medication may make it harder for you to establish breastfeeding and maintain your milk supply if it means you miss night-time breastfeeds, especially during the first 6-8 weeks. If the procedure is not urgent, you may prefer to wait until you have established breastfeeding. You can discuss this with your dentist and sedationist.

More detailed information for healthcare professionals:

When considering the impact of a drug on the safety of breastfeeding, it is very important to weigh any risk of the drug against the risk to mother and baby of interrupting breastfeeding. Not all breastfed babies will accept milk from a bottle and interrupting breastfeeding can have a detrimental effect on ongoing breastfeeding, and risk complications such as mastitis in the mother.

Midazolam has a very rapid onset of action and excretion. It is highly protein bound (97%) and poorly bio-available, making it poorly absorbed from the gut (27-44%). Its half-life is 2-5 hours. Even in patients who experience the upper limit of the half-life and a subsequent longer duration of side effects, as midazolam is highly protein bound and thus eliminated renally, levels in breastmilk would not be expected to be increased.

The UK Drugs in Lactation Advisory Service (UKDILAS) advises that midazolam is compatible with breastfeeding. They state: *"Benzodiazepines are used for premedication and for conscious sedation during surgery. Following short-term therapy (1-2 doses) for these indications, it is considered that breastfeeding can be resumed as soon as the mother has recovered sufficiently from the procedure."*

[A recent publication from the Association of Anaesthetists](#) (Mitchell et al., 2020) explains that it is possible for a mother to breastfeed as normal after most anesthetics and sedatives, including midazolam, as soon as she is recovered from the sedation and feels able to do so, as only low levels of the drug would be expected to pass through to her child. They state: *"Midazolam: extensive first-pass metabolism results in low systemic bioavailability after oral doses, so blood levels in the infant after breastfeeding can be expected to be low (Jones, 2018). Breastfeeding can be resumed after a single dose of midazolam as soon as the woman has recovered from the procedure"*

Hale (2020) reports that in a study of five lactating women who received a single 2 mg IV dose, milk levels of midazolam were exceedingly low after 7 hours. The median amount of midazolam recovered within 24 hours was only 26 µg which was only 0.004% of the maternal dose of 2 mg (Nitsun et al., 2006).

Another study (Koitabash et al., 1997) reported a mother undergoing surgery received a single 6 mg dose of midazolam intravenously for anesthesia induction. Breastmilk concentration of midazolam was 25 µg/L at 30 minutes after the dose, 12 µg /L at 1 hour after the dose and 7 µg /L at 2 hours after the dose. After 4 hours, the drug was unmeasurable (<5 m µg/L).

Midazolam is so rapidly redistributed to other tissues from the plasma compartment, milk levels will invariably be exceedingly low.

In summary, the evidence suggests that after a single episode of sedation with midazolam, the level of the drug in breastmilk poses very little risk to the breastfed child and that breastfeeding can therefore be resumed as soon as the mother feels able. A more significant possible risk comes from the mother experiencing ongoing side effects from sedation which may impair her ability to care for her child. This risk can be negated by ensuring the escort is able to help the mother care for and feed her child in the 24 hours after sedation. If possible, consider scheduling the sedation for the morning in order to minimise the side effects experienced at night-time.

Related fact sheets

[Anaesthetics and Breastfeeding](#)

[Dental Treatment and Breastfeeding](#)

[Local Anaesthetics and Breastfeeding](#)

References

- Royal College of Anaesthetists leaflet: Sedation Explained. <https://rcoa.ac.uk/sites/default/files/documents/2022-06/12-SedationExp2021web.pdf>
- Basis: <https://www.basisonline.org.uk/sleep-health-safety/>
- UKDILAS: <https://www.sps.nhs.uk/articles/using-benzodiazepines-during-breastfeeding/>
- Mitchell J, Jones W, Winkley E, Kinsella SM. Guideline on anaesthesia and sedation in breastfeeding women 2020: Guideline from the Association of Anaesthetists. *Anaesthesia*. 2020;75(11):1482-1493. doi:10.1111/anae.15179
- Jones W. Breastfeeding and medication, 2nd edn. London: Routledge, 2018.
- Hale T W Medications and Mothers Milk 2016 (17th Ed). Updated online 06/05/2020. www.halesmeds.com
- Nitsun M, Szokol JW, Saleh HJ, et al. Pharmacokinetics of midazolam, propofol, and fentanyl transfer to human breast milk. *Clin Pharmacol Ther*. 2006;79(6):549-557. doi:10.1016/j.clpt.2006.02.010
- Koitabashi T, Satoh N, Takino Y. Intravenous midazolam passage into breast milk. *J Anesth*. 1997;11(3):242-243. doi:10.1007/BF02480048
- Drugs and Lactation Database (LactMed®) - <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
- E Lactancia website: <https://www.e-lactancia.org/>
- British National Formulary – <https://bnf.nice.org.uk/>