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# ANAESTHESIA & SEDATION FOR BREASTFEEDING PARENTS

## PATIENT INFORMATION

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### Summary

It is quite common that people will need surgery at some point while they are breastfeeding. As well as the usual worries about coming for an operation or procedure, parents often feel concerned about the safety of continuing to breastfeed afterwards.

**Most people can continue to breastfeed following sedation or anaesthesia.**

"Pumping and Dumping" (or expressing and disposing of the expressed breast milk) is hardly ever required.

Please let the healthcare providers looking after you know that you are breastfeeding so they can discuss this with you and support you to do this around the time of your surgery.

If you have any concerns about your health or the health of your baby let the team caring for you know. This website is not a substitute for individualised health care advice.

### Types of Anaesthesia

**Sedation:** medicine is given (often via an intravenous cannula or "drip") to make you comfortable during a procedure. For example - colonoscopy/gastroscopy (camera tests of the gut), dental procedures, minor surgery under local anaesthesia

**General Anaesthesia (GA):** medicine is given via a cannula to make you unconscious for an operation. For example - abscess surgery, appendicectomy (removal of appendix), cholecystectomy (removal of gallbladder).

**Regional Anaesthesia:** using local anaesthetic (LA) to block a nerve or group of nerves to allow surgery to occur without pain. For example - spinal anaesthesia, epidural, arm block. Often a regional can be done without any sedating medications which allows you to return to eating, drinking and breastfeeding as quickly as possible after the surgery.

### Before the Procedure

- Let your surgeon/proceduralist and anaesthetist know that you are breastfeeding

- If possible, you can consider delaying non-urgent surgery until after you have finished breastfeeding (although this is usually not possible or required)
- Keep well hydrated - continue eating and drinking until the time you have been told to stop. If you are waiting a long time for your procedure while nil by mouth (not eating/drinking) ask if you have some intravenous fluids or continue drinking clear fluids.
- Breastfeed as close as possible to the start of your procedure or surgery
- If you are having a long operation or major surgery it may be useful to express and store milk prior to the day of surgery so that someone can feed your baby while you are in surgery. You may also find it helpful to be seen by a lactation consultant if possible.
- If your baby was born prematurely or has a history of apnoeas (pauses in breathing) discuss this with your doctor - expressing before surgery for these babies may be useful.
- Ensure someone is available to care for your baby or child while you are in surgery and to help after the procedure.
- Some surgeries may be able to be done under regional anaesthesia (see above) - discuss this with your anaesthetist.

## After the Procedure

- The general rule is that: **if you are awake enough to hold your baby you are awake enough to breastfeed**
- Try and have someone bring your baby to you as soon as possible after the procedure so you can breastfeed them once you are awake. If this is not possible you may wish to pump or express once awake.
- A responsible adult should stay with you during this time to help ensure the safety of your baby or child. This is especially important if you are needing large doses of pain relief after your surgery.
- If you have a premature baby or baby with a history of apnoeas (as above) you may consider expressing and giving the milk when the baby is older or mixing the milk with milk expressed before surgery to reduce the amount of sedating medications in it.
- Care should be taken with co-sleeping following sedation and anaesthesia as you may not wake as usual in the night. For brief procedures not requiring much pain relief afterwards it is recommended that you avoid co-sleeping for the first night after the procedure. For longer operations or surgery requiring large doses of pain relief you should discuss this with the doctors caring for you.

## Medications & Breastfeeding

Please note, this is general advice for most patients - for any specific information please discuss with the doctors caring for you.

## **Analgesics (Pain Relievers):**

Paracetamol - safe with breastfeeding

Non-steroidal anti-inflammatory drugs (NSAIDs) e.g. ibuprofen (Nurofen), diclofenac (Voltaren) - safe with breastfeeding

Opioids (e.g. morphine, fentanyl, oxycodone) - generally safe at lowest dose that provides good pain relief for shortest amount of time possible. However it is recommended that *codeine is avoided* in breastfeeding as some babies may be more sensitive to it. Sometimes opioids are given as part of a regional anaesthetic (spinal or epidural) – only very very small amounts end up in breastmilk so it is safe to continue breastfeeding.

Tramadol – safety for breastfeeding mothers has been discussed recently, appears to be safe.

Ketamine - low doses for pain likely to be safe for breastfeeding

Gabapentin - likely safe for short term use

Pregabalin - there is limited information about the use in breastfeeding mothers, discuss with your doctor

## **Anaesthetic Medications:**

Local Anaesthetics (LA) - safe with breastfeeding

Propofol - safe with breastfeeding

Midazolam - safe with breastfeeding

Volatile (Gas) Anaesthetics - safe with breastfeeding

Neuromuscular Blockers (Muscle Relaxants) and Reversal - safe with breastfeeding

## **Antiemetics (Anti-Nausea Medications):**

Safe with breastfeeding although some MAY reduce breastmilk supply (e.g. promethazine, scopolamine).

## **Other Medications:**

Antibiotics - most are safe in breastfeeding although some may cause gut symptoms in breastfeeding babies. It is recommended that some antibiotics are avoided e.g. doxycycline, ciprofloxacin, and high doses of metronidazole.

Radiological contrast - almost all safe in expressing except Technitium containing contrast which requires breastmilk to be expressed and disposed of for 12 hours.

## Frequently Asked Questions

- 1. I am breastfeeding my 5 month old daughter and am due to have a colonoscopy next week with midazolam and fentanyl sedation. I have been told I need to "pump and dump" for 24 hours afterwards. Is this correct?**

This is very unlikely to be required. Unless your baby has significant health issues you can continue to breastfeed as usual following the procedure. Please read the above advice and make sure you stay well hydrated as the bowel preparation required can cause dehydration which may affect your milk supply.

- 2. I am due to have my gallbladder removed next week and I am expressing breastmilk for my 2 week old child who was born 6 weeks early and had some pauses in her breathing in the first few days in the newborn unit. What should I do?**

Please discuss this with the doctors caring for your baby. The general advice is to feed your baby or express as close to the start of your operation as possible. After the procedure you can continue to express and either store that milk for when your baby is older or mix it with milk you have expressed prior to the operation.

- 3. I am due to have a major operation next week and am breastfeeding my one year old son. I would like to continue feeding if I can. Please can you help?**

Please let the doctors caring for you know that you are currently breastfeeding. You may wish to express some milk in advance if possible to have some stored for your son if required. You will most likely be able to continue breastfeeding after the operation but discuss this with your healthcare team.

- 4. I am due to have an MRI this week and am breastfeeding my 3 month old. I've been told I need to express and dispose of the milk for 24 hours afterwards. Is this required?**

No, MRI contrast does not require you to dispose of your breastmilk. You can continue to breastfeed as usual.

- 5. I need a minor procedure done on my foot. Even though I know it's safe to breastfeed after general anaesthesia I'm wondering if there are any other options?**

You may be able to have your procedure done under regional anaesthesia (blocking nerves). Please discuss this with the anaesthetist who will be caring for you.