

ANESTHESIA AND BREASTFEEDING



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Post-operative Information for the Breastfeeding Patient

At Memorial Hermann, our goal is to support your breastfeeding efforts through one-on-one specialized lactation care, and education that is tailored to address your specific medical concerns. Human breast milk is the ideal source of nutrition for infants for the first six months of life and through one year of age and beyond. Mothers who need to receive general anesthesia for a surgical procedure are often concerned with how soon they can resume nursing, or feeding their infant expressed breast milk. Based on extensive research, the current recommendation is that a mother can continue to feed her infant breast milk immediately following her surgical procedure or when she feels well enough to nurse or express her milk. There is no danger to the breastfeeding infant because anesthetic drugs are transferred into breast milk at clinically insignificant amounts. While most anesthetic medications are considered safe for the breastfeeding mother and her infant, it is important to **watch your infant for vomiting, diarrhea or changes in behavior. Contact your child's doctor if you notice changes that could be related to the medication you are taking or if you are breastfeeding a premature infant.**

Although it is not necessary, if you wish to temporarily suspend breastfeeding during your hospital stay or until you no longer need pain medication, options include: pumping and storing milk before your procedure; bottle feeding your baby with previously stored breast milk; or pumping and discarding breast milk for 24 hours post-anesthesia and then resuming breastfeeding.

Effects of anesthetics you may have received during your procedure:

- **Neuromuscular blocking agents**
(Succinylcholine, Rocuronium, Vecuronium, Cisatracurium)
Some drugs may cause muscle relaxation during anesthesia; however, there is no known risk to breastfed infants.
- **Inhaled anesthetic gases**
(Sevoflurane, Isoflurane, Desflurane, Nitrous Oxide)
Inhaled gases for anesthesia procedures are rapidly excreted and have poor bioavailability (absorption rate) and therefore may be safely used in lactating women.
- **Intravenous anesthetics and pain medications (injected into the I.V.)**
(Fentanyl, Propofol, Lidocaine, Dilaudid, Morphine)
Single doses of these drugs enter the breast milk in small amounts and are considered safe for lactating women and breastfed infants.

Post-operative medicine your doctor may prescribe:

- **Tylenol #3** (Codeine) (consult with your physician before use)
- **Oxycodone**
- **Tramadol**
- **Hydrocodone** (Vicodin)
- **Acetaminophen** (Tylenol and others)
- **Ibuprofen** (also called Advil, Motrin and others)

These medications are considered safe in small doses. However, as with all medications, it is important to watch your infant for any signs of respiratory distress, unusual drowsiness, vomiting, diarrhea or changes in behavior.

The use of medications must be left to the judgment of the individual physician, healthcare consultant and patient.

Safe sleep

Do not breastfeed alone or sleep with your infant alone if you are drowsy after taking a medication. Be sure to have an adult supervise you and your infant during feedings or sleep. Practice safe sleep! Always place your baby on his or her back to sleep and follow these other guidelines for safer baby sleep:

- Use a firm sleep surface
- Do not use pillows, blankets or bumpers in the crib and keep soft objects, toys and loose bedding out of your baby's sleep area
- Do not smoke or let anyone else smoke around your baby
- Make sure nothing covers the baby's head and dress him or her in a one-piece sleeper
- Your baby should not sleep in an adult bed, on a couch or on a chair alone, with you or with anyone else.

Contact

Our lactation team is here to help! If you have any questions regarding breastfeeding and anesthesia prior to or after your procedure, please contact your local lactation nurse.

The information in this pamphlet is provided by Pediatric Anesthesia (2014), a review article for Safety of the Breast-feeding Infant after Maternal Anesthesia.