



# Anaesthesia and breastfeeding

This leaflet will answer any questions you might have if you are breastfeeding and need surgery. Please ensure your surgeon and anaesthetist know that you are breastfeeding, so it is considered during planning and performing your operation.

## Do I have to stop breastfeeding if I need an anaesthetic?

No, breastfeeding is of great benefit to both you and your infant. Most people can continue to breastfeed following sedation or anaesthesia.

Once you are awake and comfortable after an anaesthetic, the amount of medicine in the breastmilk will be very low and it is safe to continue breastfeeding unless you are unable or do not wish to do so.

“Pumping and dumping” (expressing and then disposing of the breastmilk) is hardly ever required or recommended.

## Can medicines used during my operation pass into my breast milk?

Yes, they will pass into the breast milk in small amounts. However, most medicines will not stay in the body for long after an operation.

## Which medicines can affect my infant?

Almost all anaesthetic medicines are considered safe to use. The dose that the infant receives is very low, so no, or minimal effects are seen after breastfeeding.



## Types of anaesthesia

### Sedation

This is when drugs are given to relax you during a procedure. It can range from a small amount of drug given to reduce anxiety (light sedation), to being very sleepy and not remembering some of the details of the procedure (deep sedation). Examples of these include colonoscopy or gastroscopy (camera tests of the gut), dental procedures or minor surgery under local anaesthesia. Sedation is often used together with local anaesthesia. You can breastfeed as soon as you feel awake and well enough to hold your infant.

### General anaesthesia

This is when you are made unconscious (‘put to sleep’) for the procedure. You may also be given local anaesthetic during the operation to numb an area and help you feel more comfortable following the operation. You can breastfeed as soon as you feel awake and well enough to hold your infant.

## Local anaesthesia

For some operations, an injection is used to numb the nerves (local anaesthetic). This may be done at a nerve away from the area being operated on, such as in the armpit or groin (regional anaesthetic), or in the back to numb the lower half of the body (spinal or epidural anaesthetic). This may be preferred if you are breastfeeding, as it has some advantages, including:

- You can drink and eat soon after
- It should not affect your ability to breastfeed
- You are likely to need fewer painkillers
- You recover quickly
- The medicines will not affect your baby

## Planning for a procedure

- Let your surgeon and anaesthetist know that you are breastfeeding.
- Pump and save sufficient milk ahead of time so there is breast milk available for baby during the surgery and until you feel ready to start breastfeeding again.
- Breastfeed as normal until you go to the operating theatre.
- You should keep well hydrated and continue to drink and eat until you are told to stop.
- You can breastfeed after your operation as soon as you are back with your infant and awake and alert. You may need some help after the procedure.
- Ask for medication if you feel sick.
- Ensure someone is available to care for your baby or infant while you are in surgery and to help after the procedure.



## After the procedure

### What types of medicines are used?

#### Anaesthetic medicines

- Local anaesthetics such as lidocaine (lignocaine), bupivacaine, ropivacaine – safe with breastfeeding
- Volatile (gas) anaesthetics - safe with breastfeeding
- Muscle relaxants and reversal agents – safe with breastfeeding
- Midazolam – safe with breastfeeding
- Propofol – safe with breastfeeding but may turn your breastmilk a blue-green colour for a few days.

## Analgesic medicines (pain relievers)

- Paracetamol is safe for you and your infant. The amount that your infant would receive from breast milk is low.
- Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, diclofenac, or celecoxib are safe for you and your infant, as extremely low levels of these pass into breast milk. They can be taken with paracetamol.
- Opioids (morphine, tramadol, and oxycodone) are generally safe at the lowest dose that provides good pain relief for the shortest amount of time possible. However, it is recommended that codeine is avoided in breastfeeding as some babies may be more sensitive to it. Tapentadol is sometimes used but there is not enough information about how much passes into breastmilk or how it may affect the baby, so it should only be used when the above opioid medicines are not suitable. If tapentadol is prescribed, monitor your infant for adverse effects, such as excess drowsiness and poor feeding.

**If your infant shows signs of difficulty breathing, call for medical attention straight away.**

## Antiemetics (antinausea medicines)

- Ondansetron, metoclopramide, cyclizine and droperidol are all safe with breastfeeding

## Antibiotics (medicines to prevent or treat infections)

- Short courses of antibiotics are commonly used at the time of the operation or just after the operation.
- Most antibiotics (cefazolin, benzylpenicillin, metronidazole, gentamicin) used to prevent infections during or around the time of an operation are safe with breastfeeding



If you have any more questions after reading this leaflet, please feel free to ask a member of the anaesthetic staff, the breastfeeding specialist in your hospital or the Obstetric Medicines information Service at KEMH. (08 6458 2723)

## Examples of questions you may have

**I am having a colonoscopy and breastfeeding my eight-month-old infant. The anaesthetist is using midazolam and fentanyl for light sedation. Do I need to “pump and dump” for 24 hours afterwards.**

This is not the usual recommendation. Our advice is general and should be followed unless your baby has significant health issues, you can continue to breastfeed as usual following the procedure. Make sure you stay well hydrated as the bowel preparation required can cause dehydration which may affect your milk supply.



**Next week my gallbladder is going to be removed. I am expressing breastmilk for my four-week-old baby who was born eight weeks early and is still in the neonatal nursery. What should I do about breastfeeding?**

Discuss this with the doctors caring for your baby. You can express as close to the start of your operation as possible and store for when needed. After the procedure you can continue to express as usual because the medicine used will no longer be in the breastmilk.

**I am due to have a major operation soon and am breastfeeding my one-year-old. I would like to continue feeding. What do you recommend?**

Let the doctors caring for you know that you are breastfeeding. As it is a major operation, you may not feel well enough to breastfeed for a few days so you may wish to express some milk in advance and have some stored if needed. You will be able to continue breastfeeding after the operation but discuss this with your healthcare team.

**I need a dental extraction and the dentist has advised me he will use local anaesthetic. When can I breastfeed my six-month-old infant.**

At the end of the procedure, you can continue to breastfeed as usual as only very small amounts of the local anaesthetic enter your breastmilk and will only be present for a short time.

## Further information

If you have any more questions, please ask a member of the anaesthetic staff or a breastfeeding specialist in your hospital. You can also speak to a pharmacist at King Edward Memorial Hospital Obstetric Medicines Information Service, Phone (08) 6458 2723.

### Useful links

- [LactMed](#)
- [e-lactancia](#)
- [MotherToBaby](#)
- [Breastfeeding and anaesthesia](#)



## Women and Newborn Health Service

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🌐 [kemh.health.wa.gov.au](http://kemh.health.wa.gov.au)

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