Breast feeding, Anaesthesia and Elective Surgery

It is not uncommon for women to undergo surgical procedures, elective or emergent, in the postpartum period when they are breastfeeding. The standard approach of discarding breastmilk for 24 hours following anaesthesia is outdated and mothers should be encouraged to breastfeed up until admission and may breastfeed postoperatively as soon as they are adequately alert and oriented to hold the infant.

Drug transfer into breast milk depends on various pharmacological properties including protein binding, lipid solubility, molecular weight, pka via passive diffusion proportional to maternal plasma level. Medications that are highly lipid soluble, of low molecular weight with limited protein binding are more likely to be transferred into breast milk. The majority of commonly used anaesthetic medications are safe.

Preoperative

- Breastfeeding mothers should be encouraged to express milk ahead of the surgery and if having a period away from infant, to bring own breast pump to avoid engorgement.
- Allow breastfeeding up until period of admission
- Breastfeeding mothers should be placed first on list to reduce fasting times
- Ranitidine is safe for use

Intraoperative

- Consider regional anaesthetic technique to minimize use of systemic sedative medications.
- Most anaesthetics and analgesics are safe when breastfeeding and elective surgery should not be postponed because of breast feeding
- Ensure postoperative nausea and vomiting prophylaxis
- Minimize need for opioids.

Postoperative

- Mothers with term, healthy children may breastfeed as soon as they are awake in the recovery room.
- Non opioid, non-sedating medications such as paracetamol and ibuprofen should be chosen as first line for pain management.
- Codeine should not be used due to its highly lipophilic nature allowing for its secretion in breast milk. Codeine is metabolized in the liver by the Cytochrome P450 system to morphine to allow its pharmacological activity, some mothers and infants have an inherited defect in metabolism of codeine which can lead to sedating levels of morphine being present in breast milk.
- Low dose oral morphine can be used safely however at higher dose, intravenous morphine should be used with caution and the baby observed by an adult other than the mother, when opioids are use

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Breast feeding and Elective surgery Flow Chart

Post partum patient listed for elective surgery (single room if available)

Establish is she planning to breastfeed at the time of procedure?

Does the baby have any medical problems*?

Does the mother have any medical problems?

Day case procedure?
- Routine investigations
- Place first on theatre list.
- Encourage clear fluid until 2 hours pre-op
- Can breastfeed up until time of admission.
- Can resume breastfeeding as soon as patient awake post-anaesthetic.
- May wish to express milk before admission for feeding during period of time in hospital.

Non Day Case procedure?
- Routine investigations
- First on theatre list.
- Clear fluid until 2 hours pre-op
- May breastfeed up until admission
- Can resume breastfeeding as soon as patient awake post-anaesthetic, if surgery allows.
- Express milk for feeding during period away from child in theatre/recovery
- Inform ward of desire to breastfeed post-op (single room if possible)
- If expressing post-surgery milk can be stored in the milk fridge in ward 23 in UHW, check with preassessment on other sites)
- Encourage regional anaesthesia/analgesia where possible.

Discuss with Neonatologist/ paediatrician/ GP Discard breast milk for 12 hours post operatively

Treat as non breastfeeding

Follow appropriate guidelines on firstport

Useful resource: National Institute of Health’ LactMed database found at http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm. This peer-reviewed resource provides information regarding drugs transferred into breast milk, safe alternatives to commonly used medications

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NB: Inform list anaesthetist and theatre scheduler if patient due to be admitted who is breastfeeding.

References
