



Information about lactation for parents needing surgery and anesthesia

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We believe every parent should have the tools to make informed, empowered decisions. It is important to understand evidence-based information so you can make informed and shared decisions with your healthcare team.

I am scheduled for a procedure with anesthesia, and I'm breastfeeding or pumping.

You are not alone. Ideally, let your healthcare clinician know that you are lactating before the day of surgery. For an elective procedure following your delivery, you may explore the option of delaying the procedure until effective breast milk expression is achieved and a breast/chest-feeding/lactation schedule is established with your infant.

Depending on the procedure or surgery, you should continue to hydrate with clear liquids (water, Gatorade) up to 2 hours before your surgery as directed by the perioperative team for your surgery.

The anesthesiologist told me that I would receive sedation. When can I resume expressing milk?

You can resume expressing milk as soon as you are awake enough to hold your baby safely and to pump or breast-/chest-feed. Nearly all medications used for sedation or pain control are compatible with breastfeeding.

My anesthesiologist told me that I would receive general anesthesia. When can I safely resume lactation?

You can resume expressing milk as soon as you are awake enough to hold your baby safely and to pump or breastfeed. Often, this happens in the recovery room after surgery. Nearly all medications used for anesthesia and pain control are compatible with milk expression. We encourage you to talk to your anesthesiologist if you have any questions.

When can I start breast-/chest-feeding/pumping after my cesarean delivery?

After your cesarean delivery under a neuraxial anesthetic (either a spinal or an epidural; anesthesia that is delivered in your back), you can request to have skin-to-skin bonding in the operating room if you and your baby are stable. You can start to breast/chestfeed as early as in the recovery room after your cesarean.

If you need general anesthesia (being completely asleep), you can start breastfeeding or expressing milk when you are awake enough to hold your baby or pump, and your pain and nausea are controlled.

Someone told me to "pump and dump" for 24 hours. Do I need to do that?

"Pumping and dumping" is usually unnecessary. Speak to your doctor, but if you are unsure, we recommend pumping, labeling, and freezing/saving your milk until you can get clarification from your healthcare team.

I usually pump/feed every 3 to 4 hours, but my surgery is scheduled for 8 hours. What do I do and how do I prepare?

Speak to your anesthesiologist. We recommend pumping/feeding before the surgery as close to surgery start as feasible. You can bring your breast pump to the hospital. Evidence-based guidelines state that when you are awake after surgery, you can pump or feed.

I understand that I will receive pain medications and I'm worried about those harming my child.

Unmanaged pain interferes with successful lactation. You should not avoid pain medications after surgery if they are needed. The amounts of pain medications excreted in breast milk are small. The non-opioid medications such as acetaminophen (Tylenol™) or ibuprofen and local anesthetics are safe to use while breastfeeding when used as directed by your team. If you have received a spinal, epidural, or a regional nerve block you can safely breastfeed.

If you need to use opioid pain medications following surgery (such as oxycodone), we recommend using the lowest dose for the least amount of time possible. The opioid medications that should be avoided while breastfeeding are codeine, tramadol, and meperidine. Despite an excellent safety record, patients who express milk and require opioids can consider watching their baby for signs of sedation: difficulty waking or slowed breathing. If the baby is older or more well-grown[SN1], these risks are lower.

Where can I learn more or read updated guidelines?

It is always a good idea to reach out to your obstetrician or the surgical team while you are in the hospital. Your hospital may also have a lactation nurse/helpline that might help answer your questions. Discuss the plan for expressing and storing pumped breast milk if you require an overnight stay away from your baby.

The references listed below can help guide you. You can also consult InfantRisk online (<https://www.infantrisk.com/>) or by phone. InfantRisk also has an App that may help lactating patients called MommyMeds, and it is available from your App Store. LactMed (<https://www.ncbi.nlm.nih.gov/books/NBK501922/>) is also an online resource that shares data about medications and milk expression.

Typical perioperative medications and breastfeeding safety:

Medication	Examples	Okay to breastfeed
Anesthetics & inhalational medications	Propofol, Etomidate Sevoflurane	Yes
Sedatives	Midazolam	Yes
Opioids/Pain medicines	Fentanyl, Morphine, Hydromorphone	Yes
	Tramadol, Codeine	No
Muscle relaxants	Succinylcholine, Rocuronium	Yes
Anti-nausea medicines	Ondansetron, Metoclopramide, Dexamethasone	Yes
Local anesthetics	Lidocaine, Bupivacaine	Yes

References:

- <https://pubs.asahq.org/anesthesiology/article/127/4/A15/19790/Anesthesia-amp-Breastfeeding-More-Often-Than-Not>
- <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/use-codeine-and-tramadol-products-breastfeeding-women-questions-and-answers#:~:text=Healthcare%20professionals%20should%20be%20aware,which%20may%20result%20in%20death.>
- <https://www.asahq.org/standards-and-practice-parameters/statement-on-resuming-breastfeeding-after-anesthesia>
- <https://www.acog.org/womens-health/faqs/breastfeeding-your-baby>