



Breastfeeding after Anaesthesia

Many women who are breastfeeding undergo anaesthesia for surgical procedures. It is generally safe to breastfeed after waking up from anaesthesia. Most anaesthetics and pain relief medication pass into breastmilk at low levels and are not harmful to babies or young children. However, extra precautions may be necessary, and it is important to discuss your individual plan with your anaesthetist.



This pamphlet will:



Provide you with general information about breastfeeding after recently administered anaesthesia



Help you understand how to safely breastfeed in the perioperative period



Encourage you to ask questions of your anaesthetist

If you have any further questions, you should ask your specialist or relevant health professional.



You are in good hands

Australia is one of the safest places in the world to have an anaesthetic. Specialist anaesthetists in Australia are highly trained medical specialists. They have gone to medical school, completed an internship and spent at least five years undergoing specialist anaesthetic training. Training includes anaesthesia, pain management, resuscitation and the management of medical emergencies.



Can you breastfeed after anaesthesia?

Once you are awake, comfortable and able to hold your baby after an anaesthetic, it is usually safe to breastfeed. This includes after common sedation medications, antibiotics, anaesthetic and analgesic (pain relief) medications have been given.

There are around 100,000 births by Caesarean section in Australia each year. Most of these mothers breastfeed their newborns safely, despite undergoing either a spinal, epidural or general anaesthesia for surgery and taking pain relief medications post-delivery.

Previous advice to 'pump and dump' for 24 hours after surgery is outdated and may create interruptions to breastfeeding for the baby and the to maternal milk supply. It is better to breastfeed your baby as close as possible to the time of the procedure and to stay well hydrated.





Precautions

To be as safe as possible it is recommended that babies less than three months of age, including newborns, are initially monitored when their mothers are taking strong pain relief medication. Strong pain relief medications such as opioids are passed into breastmilk in small amounts. Very young and premature babies (born earlier than 37 weeks) may be more vulnerable to the side effects of some of these medications.

Care should be taken with newborns and high doses of some pain relief medications such as codeine, tramadol and oxycodone as people may process these medicines differently. It is worth noting these medications are still safe for use for breastfeeding mothers.

There are some medicines which should be avoided in breastfeeding mothers if possible. This is because newborns may be affected and there are alternatives available, not because not enough is known about the effects on breastfeeding newborns. These medicines include diazepam, pethidine, hydromorphone, methadone, codeine, quinolones, sulphonamides, ciprofloxacin, metronidazole and pregabalin. Note the medicines above are mentioned using their approved generic name or class of medication. They will all be known by another brand or trade name.

You can also choose to closely monitor your infant for any behavioural changes or increased sleepiness while breastfeeding in the period after surgery or while you are taking pain relief medications. Parents and healthcare providers may also check any medications using the National Institute of Health's LactMed database. You are encouraged to speak to your anaesthetist if you have any specific concerns.

There is no need to avoid common anaesthesia medications as these are safe for use by breastfeeding mothers.



Further Information

If you require further information please contact your anaesthetist, surgeon or procedural specialist. More information about anaesthesia and anaesthetics can be found on the ASA website: www.asa.org.au.

This pamphlet provides general information about breastfeeding after anaesthesia. It is not a substitute for advice provided by your specialist about your personal treatment plan. Every effort is made to ensure that the information is accurate and up to date. However, we do not guarantee or warrant the accuracy or completeness of the information provided. This information may change with time due to advancements in clinical research and knowledge. Use this pamphlet only in consultation with your specialist. We prefer our members to link to our website rather than print or republish our materials on your own website to ensure you have access to the most up-to-date version. For the latest version please visit the ASA Website. Last reviewed 12/03/24.

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