

Frequently asked questions

How will I know if I need to express milk?

You will need to express milk at a similar frequency to your normal feeding schedule (this is often every 3 hours). If you are apart from your baby for longer than this you will need to express milk to reduce the risk of discomfort, decreased milk production and mastitis. Time apart from your baby may include travel time to get to the hospital, waiting for surgery, surgery time and waking up after surgery.

Can I breastfeed after taking pain relief?

It is safe to breastfeed after taking many common pain medicines such as paracetamol, diclofenac and celecoxib. Limited, short term use of strong pain medicines like morphine and oxycodone is also considered acceptable.

What should I do if I have been told to “pump and dump”?

You are welcome to ask your healthcare provider for written information from a breastfeeding specific resource. You can also ask if there are any alternative options that will allow you to continue breastfeeding.

What support is available if I have trouble feeding after surgery?

There are lactation consultants working within Auckland City Hospital who are able to assist with any breastfeeding related issues.

There are also cultural support services available including Kaumātua and Kaiāwhina. Please ask for a referral if this will support your wairua.

Other useful resources

Anaesthesia & sedation for breastfeeding parents (endorsed by National Obstetric Anaesthetists) <https://www.breastfeeding-anaesthesia.info/>



Evidence-based information on medicines and breastfeeding [Halesmeds.com](https://www.halesmeds.com)



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Breastfeeding and Anaesthesia

It is common for people to need a procedure or operation at some stage in their breastfeeding journey. Often, people feel concerned about how, and when, to get back to feeding their baby after anaesthesia.

Most people will be able to return to breastfeeding safely as soon as they are awake enough to hold their baby.

"Pumping and Dumping" (expressing and disposing of the milk) is hardly ever required.

Please let your healthcare providers know that you are breastfeeding so they can discuss this with you and provide support to minimise disruption.

Before your surgery

It is important to keep well hydrated. Continue eating and drinking until the time you have been told to stop. Remember you can drink water up until 2 hours before your procedure.

Try to feed your baby shortly before surgery and aim to recommence breastfeeding as soon as you are awake enough to hold your baby. If you are not able to feed your baby shortly before surgery and need to express milk you are welcome to bring your own breast pump into the hospital for use.

Alternatively you can use a double electric breast pump from the hospital. Please let our staff know if this will be required so that we can organise one in advance.

If the surgery is going to be long consider expressing milk in advance and storing it so that it is available for your baby while you are apart. If you need help with how to do this please ask for a referral to a lactation consultant.

If your baby was born prematurely or has a history of apnoeas (pauses in breathing) discuss this with your doctor – expressing milk before surgery for these babies may be useful.

After your surgery

The general rule is that: if you are awake enough to hold your baby you are awake enough to breastfeed.

Try to have your whānau or a support person bring your baby to you as soon as possible after the procedure so you can feed them once you are awake.

Your whānau or support person should stay with you during this time to help ensure the safety of your baby. This is especially important if you need large doses of sedating medicines (including pain relief) after your surgery.

If it is not possible to feed your baby shortly after your procedure you may wish to express milk once awake. You will likely be able to store the milk and use it for feeding your baby later. Check with the doctors caring for you if you are unsure.

Care should be taken with co-sleeping following sedation and anaesthesia as you may not wake as usual in the night. For brief procedures not requiring much sedating medicine afterwards it is recommended that you avoid co-sleeping for the first night after the procedure. For longer operations or surgery requiring large doses of sedating medicines you should discuss this with the doctors caring for you.

Medicines and breastfeeding

Most of the medicines that we use during sedation or a general anaesthetic are compatible with breastfeeding and breastfeeding should only be interrupted until you are awake enough to safely hold your baby after the procedure.

Premature babies, newborn babies (0-30 days old) and children with a history of apnoeas are at higher risk. If your baby fits into any of these categories, please discuss this with your health care provider.

Specific drugs of concern

- **Codeine** is not recommended because the amount of medicine in the milk is variable between different people.
- **Gabapentin** and **ketamine** are usually used only on the advice of the specialist Acute Pain Service.
- **Intravenous (into the vein) pethidine** is usually avoided as it is linked with more sedation in the breastfed newborn than other alternatives.
- Breastfeeding can continue after almost all radiology scans, with the exception of nuclear medicine scans.