

Supporting breastfeeding and lactation in surgical patients

Ashaka Patel HBSoc, Hilary MacCormick MD, M. Elise Graham MD

■ Cite as: *CMAJ* 2023 June 26;195:E879. doi: 10.1503/cmaj.230366

See related article at www.cmaj.ca/lookup/doi/10.1503/cmaj.230722

1 Breastfeeding patients should be adequately hydrated before surgery to maintain their breastmilk supply

Perioperative hydration should be prioritized and oral fluids encouraged. Consideration should be given to increasing pre- or intraoperative fluids by 500–1000 mL after preoperative fasting.¹ Postoperatively, early oral intake of fluids should be encouraged.

2 Lactating patients are at increased risk for mastitis during hospital admission

Infrequent breast emptying may lead to mastitis. Patients should be encouraged to feed infants as close to the surgical start time as possible, or, if feeding is not feasible, to pump before receiving anesthesia. For procedures longer than 4 hours, sterile pumping equipment should be available to allow for intraoperative breast emptying.²

3 Clinicians should not advise patients to “pump and dump” after anesthesia

Regardless of anesthetic technique, the transfer of most perioperative medications is very limited. Clinicians should consult resources like InfantRisk or LactMed if concerned about a specific agent. Any interruption to breastfeeding or expressing breastmilk comes with risks such as mastitis, decreased breastmilk supply, infant bottle refusal and infant allergic reaction to cow’s milk protein if formula is used.³

4 Breastfeeding patients should be reunited with their infants as soon as safely possible

Units that do not specialize in obstetrics or pediatrics may have limited experience with caring for patients who breastfeed. Written policies can help ensure unlimited access between patients who are lactating and their infants, as early as patient arrival in the surgical recovery room, unless contraindicated.⁴ Minimizing postoperative sedation can help to shorten the interval of separation between infant and parent.

5 Multimodal analgesia, including regional techniques, is suggested for patients who are lactating

Inadequate analgesia leads to increased release of catecholamine into plasma, which inhibits oxytocin-induced milk ejection.⁵ Prioritizing pain control can improve breastfeeding, reduce anxiety and increase maternal nourishment.⁵ Nonopioid analgesics are safe for patients who are breastfeeding. Although most opioids are considered safe, codeine and tramadol should be avoided.³

References

1. Elder E, Pianosi K, Lawlor CM, et al. Supporting lactation in otolaryngology patients through medication optimization, radiology considerations, and more: a literature review. *JAMA Otolaryngol Head Neck Surg* 2022;148:973-80.
2. Lobkova N, Wolf EW. Performing elective surgery on the breastfeeding patient: a review of the literature. *Foot Ankle Spec* 2014;7:226-31.
3. Mitchell J, Jones W, Winkley E, et al. Guideline on anaesthesia and sedation in breastfeeding women 2020: guideline from the Association of Anaesthetists. *Anaesthesia* 2020;75:1482-93.
4. Bartick M, Hernández-Aguilar MT, Wight N, et al. ABM Clinical Protocol #35: supporting breastfeeding during maternal or child hospitalization. *Breastfeed Med* 2021;16:664-74.
5. Hirose M, Hara Y, Hosokawa T, et al. The effect of postoperative analgesia with continuous epidural bupivacaine after cesarean section on the amount of breast feeding and infant weight gain. *Anesth Analg* 1996;82:1166-9.

Competing interests: None declared.

This article has been peer reviewed.

Affiliations: Schulich School of Medicine and Dentistry (Patel, Graham), Western University, London, Ont.; Department of Anesthesia, Pain Management and Perioperative Medicine (MacCormick), Dalhousie University, Halifax, NS; Department of Otolaryngology (Graham), London Health Sciences Centre, London, Ont.

Content licence: This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use) and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Editor’s note: Although breastfeeding is a commonly recognized and used term, the authors acknowledge that it may be perceived as gendered language. Lactating parents who are transgender or nonbinary may prefer alternative language (e.g., chestfeeding).

Correspondence to: M. Elise Graham, elise.graham@lhsc.on.ca