

Perioperative care of the breastfeeding patient

Clinicians and institutions must recognise the unique set of considerations required by breastfeeding patients, a small but vulnerable cohort of patients. Modification of existing perioperative pathways, diligent prescribing and multidisciplinary involvement can facilitate safe and patient-centred perioperative care.

Introduction

Women* admitted to hospital during lactation are at risk of developing painful breast engorgement, blocked ducts, mastitis, breast abscess and reduced milk supply. Meanwhile, their infants may lose access to their main source of nutrition, potentially increasing the risk of dehydration, hunger and hypoglycaemia. Coerced weaning adversely affects the mental health of both mothers and infants (Brown, 2018), as well as depriving the dyad of physical health benefits (Victoria et al, 2016).

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Preoperative considerations

All female patients who have young children should routinely be asked if they are breastfeeding and what their goals are. Patients should be reassured that most drugs pass into breastmilk in small or negligible quantities with no adverse effects on the breastfeeding child (Mitchell et al, 2020).

Lactating parents admitted to hospital should never be separated from their infants unless they are unable to care for them for clinical reasons (Royal College of Nursing, 2020) – in this situation another caregiver must be allowed to attend with the child in order to assist the parent to directly nurse. Single rooms enable privacy, dignity and rooming-in. Minimising maternal fasting time, avoiding dehydration and breastfeeding the baby immediately before departure for theatre are preferable.

Intraoperative considerations

When planning anaesthesia and analgesia, practitioners can refer to guidelines produced by the Association of Anaesthetists of Great Britain and Ireland (Mitchell et al, 2020), which provide detailed information for all commonly-used agents. General principles are:

- Use the shortest acting agents
- Use the lowest effective dose
- Use opioid-sparing techniques (ie regional anaesthesia)
- Allow early return of consciousness and limit ongoing sedation.

In addition to the above, the use of prone positioning should be avoided where possible as pressure on the breasts may increase the risk of mastitis (National Institute for Health and Care Excellence, 2021).

Postoperative considerations

Breastfeeding patients can have any form of anaesthesia and breastfeed as normal as soon as they become awake and alert. Time spent in the recovery area should be minimised. Patients who receive sedatives or hypnotics should be advised to exercise caution if co-sleeping for the following 24 hours. For patients receiving high or repeated dose opioids, infants must be monitored for signs of sedation or respiratory depression. Opioids should be weaned first when de-escalating analgesia (Mitchell et al, 2020).

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*Although the authors have used words relating to the female gender in this article, they recognise that not all families will identify this way and encourage gender-inclusive language where appropriate.

When patients remain unconscious or separated from their babies for a prolonged period of time, staff trained in expressing milk will be required to help regularly empty the breasts (roughly as frequently as the child would feed). A hospital grade double breast pump should be individually fitted, but hand expression may be favoured for speed and effectiveness. Local or national guidance regarding the handling and storage of breastmilk should be followed. Vigilance should be maintained for the development of mastitis.

Additional advice and support

The hospital infant feeding team can be consulted for expert assistance and the midwifery service may substitute for this outside of normal working hours.

Prescribers should follow National Institute for Health and Care Excellence (2014) guidance and refer to specialist sources to supplement the British National Formulary. These include the Drugs and Lactation Database, UK Drugs in Lactation Advisory Service, the Breastfeeding Network and the Drugs in Breastmilk Information Service.

The Hospital Infant Feeding Network (www.hifn.org) provides educational resources for practitioners wishing to further their knowledge in the area of human lactation.

Conclusions

Breastfeeding is important for child, maternal and public health. Clinicians should normalise and protect breastfeeding. Following existing guidance can support lactation in the perioperative period and reduce complications.

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References

- Brown A. What do women lose if they are prevented from meeting their breastfeeding goals? *Clin Lact.* 2018;9(4):200–207. <https://doi.org/10.1891/2158-0782.9.4.200>
- Mitchell J, Jones W, Winkley E, Kinsella SM. Guideline on anaesthesia and sedation in breastfeeding women. *Anaesthesia.* 2020;75(11):1482–1493. <https://doi.org/10.1111/anae.15179>
- National Institute for Health and Care Excellence. Maternal and child nutrition. Public health guideline PH11. 2014. <https://www.nice.org.uk/guidance/ph11> (accessed 13 September 2022)
- National Institute for Health and Care Excellence. Mastitis and breast abscess. 2021. <https://cks.nice.org.uk/topics/mastitis-breast-abscess/> (accessed 13 September 2022)
- Royal College of Nursing. Promoting optimal breastfeeding in children's wards and departments. Guidance for good practice. 2020. <https://www.rcn.org.uk/professional-development/publications/rcn-promoting-breastfeeding-uk-pub-009470> (accessed 13 September 2022)
- Victora CG, Bahl R, Barros AJD et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet.* 2016;387(10017):475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)