Royal Cornwall Hospitals
NHS Trust

Peri- Operative Care of a Breastfeeding Person Clinical Guideline

V1.0

July 2025

Summary

This document aims to provide information for health care professionals who will look after people who are breast-feeding during the peri operative period.

In summary, the advice from the AAGBI is that breastfeeding is acceptable to continue after anaesthesia and the breastfeeding person should be supported to do once they are alert and able to feed, without the need to pump and discard breast milk postoperatively.

1. Aim/Purpose of this Guideline

1.1. This document aims to provide information for health care professionals who will look after people who are breast-feeding during the peri-operative period.

1.2. This guideline is designed for use by any staff member caring for breastfeeding people during the peri-operative period, to support their management to protect and promote ongoing breastfeeding.

1.3. There will be incidences when breast-feeding people will undergo anaesthesia or sedation for procedures.

1.4. The “pump and dump” advice and/or cessation of breastfeeding for 24 hours after anaesthesia advice is now outdated. This advice could lead to early unwanted cessation of breastfeeding and psychological harm.

1.5. The current advice is that breastfeeding is encouraged up until admission and is acceptable to continue after anaesthesia as soon as the person is awake, alert and able to hold their infant.

1.6. The aim of our anaesthetic regime should be to minimise impact of breastfeeding in the post operative period.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Introduction

2.1.1. There will be incidences when breast-feeding people will undergo anaesthesia or sedation for procedures.

2.1.2. The “pump and dump” advice and/or cessation of breastfeeding for 24 hours after anaesthesia advice is now outdated. This advice could lead to early unwanted cessation of breastfeeding and psychological harm.

2.1.3. The current advice is that breastfeeding is encouraged up until admission and is acceptable to continue after anaesthesia as soon as the person is awake, alert and able to hold their infant.

2.1.4. The aim of our anaesthetic regime should be to minimise impact of breastfeeding in the post operative period.

2.2. Drug transfer

2.2.1. The evidence for drug transfer of medication into breastmilk is limited, given the lack of clinical trial in breastfeeding mothers.

2.2.2. The transfer of drugs into breast milk is dependent on:

- Oral bioavailability.
- First pass metabolism.
- Active metabolites.
- Plasma protein binding.
- Lipid solubility.
- Molecular weight.
- Milk: plasma ratio.
- Molecular weight.
- Drug half life.
- Maternal plasma level of drug.

2.2.3. Medications that are of low molecular weight, highly lipid soluble and with minimal protein binding are more likely to be transferred to breast milk.

2.2.4. Most of the commonly used anaesthetic drugs are thought to be safe.

LactMed® is a useful source for information on individual medications.

2.2.5. The following information has been taken directly from: Association of Anaesthetists. Guideline on anaesthesia and sedation in breastfeeding women [Internet]. 2020 [cited 2025 Jan 8].

Drugs used during anaesthesia and after surgery pass in low levels into milk and women can breastfeed as normal after:

Category	Information
Anaesthetics	Propofol, thiopental, etomidate, ketamine, sevoflurane, isoflurane, desflurane, nitrous oxide and halothane.

Category	Information
Sedatives	Midazolam, single dose diazepam.
Analgesics:	Paracetamol, ibuprofen, diclofenac, naproxen, celecoxib, ketorolac, parecoxib, morphine, dihydrocodeine, pethidine, remifentanil, fentanyl and alfentanil.
Local anaesthetics	All
Neuromuscular blockers:	Suxamethonium, rocuronium, vecuronium, atracurium, neostigmine and sugammadex.
Anti-emetics:	Ondansetron, granisetron, cyclizine, prochlorperazine, dexamethasone, metoclopramide and domperidone.

Use with caution while breastfeeding

Category	Information
Tramadol	Observe child for unusual drowsiness
Oxycodone	Greater risk of drowsiness in doses > 40mg.day^{-1}

Analgesics that are contraindicated while breastfeeding

Category	Information
Codeine	Observe child for unusual drowsiness
Aspirin	Analgesic doses

2.3. Preoperative

2.3.1. Consider asking those with young children if they are breastfeeding. It may not be something they will volunteer.

2.3.2. Encourage breastfeeding until admission.

2.3.3. Find out whether she wants to continue breastfeeding during the peri-operative period.

2.3.4. Breastfeeding women should be placed first on the list to reduce fasting times.

2.3.5. Encourage to express milk ahead of surgery for the baby if there will be a prolonged period between post operative period and restarting breastfeeding.

2.3.6. Asked to bring in breast pump to avoid engorgement if away from baby for significant amount of time.

2.3.7. If needing to stay overnight, consider a side room in order to allow baby to stay alongside another adult to help with baby care. Please see RCHT NHS Trust Breastfeeding Person Admitted to Acute Setting Clinical Guideline.

2.4. Intraoperative

2.4.1. Where appropriate, consider regional techniques to minimise use of sedative medications.

2.4.2. Breastfeeding should not be a contraindication to elective surgery.

2.4.3. Ensure appropriate measures are taken to avoid post operative nausea and vomiting.

2.4.4. Consider minimising use of opioids where possible.

2.5. Postoperative

2.5.1. In recovery, breastfeeding people with healthy term children may breastfeed as soon as they are awake and can hold their child.

2.5.2. For pain management, consider choosing non opioid, non-sedating medications such as paracetamol and ibuprofen as first line.

2.5.3. Avoid codeine and aspirin.

2.5.4. Caution with tramadol and oxycodone- monitor child for unusual drowsiness.

2.5.5. Oral low dose morphine can be used. After review of the limited evidence, the authors suggest doses of no more than 20mg/hr oral morphine for day case surgery. If repeated doses are required, the child should be monitored by another adult for unusual drowsiness and consider discussing with the infant feeding team especially if this is considered to be a failed day case. If non day case surgery is planned, then discussion with infant feeding team regarding individual management should be considered.

2.5.6. For those staying as an inpatient, patients should have unrestricted access to their baby and responsible adult to aid continuation of breastfeeding, including overnight. Please see RCHT NHS Trust Breastfeeding Person Admitted to Acute Setting Clinical Guideline.

2.5.7. To minimise risk of engorgement and mastitis, encourage patients to bring and use a breast pump.

2.6. Sources of support for staff

2.6.1. For further support, please speak to:

- **Infant Feeding Team member** on duty on **07557 178978** / rcht.infantfeedingteam@nhs.net (Daily cover **Monday -Saturday**, no out of hours support available.).

And/Or

- **08:00 -16:00 Monday- Friday:**

Maternity Matron (Treliske) on **01872 252684** or via **Bleep 3802** for support with accessing expressing and sterilising equipment, milk storage support, and to co-ordinate access to the Infant Feeding Team staff member on duty that day.

- **16:00- 08:00 Monday- Friday, Saturday** and **Sunday.**

Delivery Suite Coordinator on **01872 252361** or via **Bleep 3801** for support with accessing expressing and sterilising equipment, milk storage support, and to co-ordinate access **to** the Infant Feeding Team staff member next on duty.

2.6.2. For further guidance on supporting breastfeeding persons who are being admitted to hospital, please read Breastfeeding Person Admitted to Acute Setting Clinical Guideline.

3. Monitoring compliance and effectiveness

Information Category	**Detail of process and methodology for monitoring compliance**
Element to be monitored	There is no system in place to identify breast feeding women admitted to hospital so unable to monitor compliance.
Lead	Dr Layth J Tameem, Consultant Anaesthetist
Tool	To investigate any datix submitted.
Frequency	As incidents arise.
Reporting arrangements	Via Datix.
Acting on recommendations and Lead(s)	Dr Layth J Tameem – consultant anaesthetist. Infant Feeding Coordinators.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Feedback via ward managers. Feedback via anaesthetic consultants. Feedback via surgical colleagues.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Peri-Operative Care of a Breastfeeding Person Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	March 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Directorate/Department responsible (author/owner):	Dr Sabrina Reilly (Author), Resident Doctor Anaesthetics. Dr Layth Tameem, Consultant Anaesthetics.
Contact details:	01872 258195 – Anaesthetic Department.
Brief summary of contents:	Guidance designed to empower surgical and anaesthetic colleagues to better care for women who are breastfeeding and ultimately prompt the continued breast feeding relationship.
Suggested Keywords:	Breastfeeding, lactation, drugs, medication, anaesthesia, surgery, peri-operative.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Anaesthetics, Critical Care, and Theatres Care Group
Manager confirming approval processes:	Doug Riley, General Manager

Information Category	Detailed Information
Name of Governance Lead confirming consultation and ratification:	Suzanne Barber
Links to key external standards:	OAA National Breastfeeding Guideline
Related Documents:	• Guideline on anaesthesia and sedation in breastfeeding women 2020. • Association of Anaesthetists. Guideline on anaesthesia and sedation in breastfeeding women [Internet]. 2020 [cited 2025 Jan 8]. • Drugs and Lactation Database (LactMed®) [Internet]. Bethesda (MD): National Institute of Child Health and Human Development; 2006-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK501922/. • Cobb B, Liu R, Valentine E, et al. Breastfeeding after anaesthesia: a review for anesthesia providers regarding the transfer of medications into breast milk. Transl Perioper Pain Med. 2015;1(2):1–7. • Reece-Stremtan S, Campos M, Kokajko L. ABM Clinical Protocol 15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017. Breastfeeding Medicine. 2017 Nov 1;12(9):500-6. 1. Wendy Jones PhD, MRPharmS and Breastfeeding network March 2022 https://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Anaesthetics%20and%20Breastfeeding.pdf Accessed 25/07/2024.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Anaesthesia

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2025	V1.0	Initial Issue	Dr Sabrina Reilly, Resident Doctor Anaesthetics

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Peri-Operative Care of a Breastfeeding Person Clinical Guideline V1.0
Department and Service Area:	Anaesthetics
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Layth J Tameem, Consultant Anaesthetics
Contact details:	01872258195

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff caring for a breastfeeding person when they present for emergency or elective surgery.
2. Policy Objectives	Safe, evidence-based care of breastfeeding women peri-operatively, protection of breastfeeding to promote short- and long-term health of mothers and children.
3. Policy Intended Outcomes	Promotion and protection of breastfeeding, and reduction in numbers of women who stop breastfeeding as a result of their own admission to hospital for care and treatment.
4. How will you measure each outcome?	Via Datixs and reports from the infant feeding team regarding any downward trends in the number of women who stop breast feeding as a result of their admission to hospital for care and treatment.
5. Who is intended to benefit from the policy?	Breastfeeding people and their families

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**ACCT Governance** **Anaesthetics Governance**
6c. What was the outcome of the consultation?	Accepted
6d. Have you used any of the following to assist your assessment?	No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Layth J Tameem, Consultant Anaesthetics.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis