

Breastfeeding: Illness, Surgery & Imaging

When you're breastfeeding and get sick, need surgery, or diagnostic procedures, it's common to receive conflicting advice. Some providers may suggest pumping and dumping milk, and using formula temporarily "just to be safe." This can be overwhelming and disruptive for both you and your baby. The good news though is that there is plenty of current research and expert information about what is recommended and safe.

Breastfeeding when you get sick

For all but a few illnesses, it is recommended to continue breastfeeding when a nursing parent gets sick. Your breast milk contains antibodies that target and fight germs to protect your baby from severe illness or from getting sick at all.

Tips for when you're sick:



Breastfeed or pump as usual to protect your baby and your milk supply



Ensure you stay well-nourished and hydrated to support your recovery



Practice good hand hygiene



Avoid coughing or sneezing directly on your baby

Medicines

Determining the safety of medications during breastfeeding involves several factors. Many medications do not pass into breast milk, or they do so in very small amounts, and are generally considered safe for your baby. A few medications are not recommended or are considered unsafe while breastfeeding.

Learn all you can about how a medication may affect breastfeeding



IBCLCs can provide specific information about taking medications while breastfeeding.

Antibiotics can impact the microbiome in your and your baby's digestive tract and your baby's. Ask your healthcare provider about taking probiotics to replace these beneficial bacteria.

Some medications, such as those taken for colds, can cause a temporary decrease in milk production. Look for safer alternatives.

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Surgery

For parents of healthy term infants, it's generally safe to resume breastfeeding once you are awake, alert, and stable after surgery.



Anesthesia Medications

Anesthesia medications are usually eliminated from your milk within about two hours, just as they are eliminated from your bloodstream.

Opioids

Careful, short term use of opioids for postoperative pain is generally considered safe, but babies should be monitored for any signs of sedation. In general, opioids should be used at the lowest dose and the shortest period of time that provides adequate pain relief.

Imaging

Non-radioactive contrast media used in imaging is generally safe and quickly eliminated, allowing you to continue breastfeeding without interruption.

In general, many nuclear medicine imaging agents do not require breastfeeding interruption, but some might need special attention depending on the situation. It's important to talk to a healthcare professional before getting any imaging done while breastfeeding.

Pro Tip!

There are good resources available to help you feed your baby safely when diagnostic imaging is necessary.

Your Nest IBCLC can provide essential recommendations specifically tailored to your situation when planning for surgery, imaging or experiencing an illness. Schedule your follow up appointment with your Nest Collaborative IBCLC by going to our website www.nestcollaborative.com or by calling (888) 598-1554.



You know your baby best! We hope that this handout will help you to make an informed decision about illnesses, surgeries or diagnostic imaging during lactation! We look forward to continuing to work with you to meet your breastfeeding goals!

Resources:

- Centers for Disease Control and Prevention. (2023). Breastfeeding and special circumstances. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/index.html>
- American Academy of Pediatrics. (2021). Contraindications to breastfeeding. <https://www.aap.org/en/patient-care/breastfeeding/contraindications-to-breastfeeding/#:~:text=The%20only%20true%20contraindications%20to,or%20confirmed%20Ebola%20virus%20disease>
- American Society of Anesthesiologists. (2019). Statement on resuming breastfeeding after anesthesia. <https://www.asahq.org/standards-and-practice-parameters/statement-on-resuming-breastfeeding-after-anesthesia>
- Reece-Stremtan, S., Campos, M., Kokajko, L., and The Academy of Breastfeeding Medicine. (2017). ABM clinical protocol #15: Analgesia and anesthesia for the breastfeeding mother. *Breastfeeding Medicine*, 12(9), 1-7. <https://www.bfmed.org/assets/DOCUMENTS/PROTOCOLS/15-analgesia-and-anesthesia-protocol-english.pdf>
- Mitchell, K., Fleming, M., Anderson, P., Giesbrandt, J., and the Academy of Breastfeeding Medicine. (2019). ABM clinical protocol #31: Radiology and nuclear medicine studies in lactating women. *Breastfeeding Medicine*, 14(5), 290-294. <https://www.bfmed.org/assets/31%20Radiology%20and%20Nuclear%20Medicine%20Studies%20in%20Lactating%20Women.pdf>
- ACR Committee on Drugs and Contrast Media. (2023). ACR manual on contrast media. 107-108. https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast_Media.pdf#page=109
- Infant Risk Center at Texas Tech University Health Sciences Center. <https://infanrisk.com/>
- Sachs, H., Frattarelli, D., Galinkin, J., Green, T., Johnson, T., Neville, K., Paul, I., Van den Anker, J., Committee on Drugs. (2013). The Transfer of drugs and therapeutics into human breast milk: An update on selected topics. *Pediatrics*, 132(3), e796-e809. <https://publications.aap.org/pediatrics/article/132/3/e796/31630/The-Transfer-of-Drugs-and-Therapeutics-into-Human>