

Anesthesia and Pain Medications for Breastfeeding Mothers

How soon is it safe to breastfeed if you have received a local or general anesthesia, or if you need to take medication for pain relief?

Anesthesia is designed to wear off quickly. **As soon as you are awake and alert, it has cleared from your system enough to breastfeed**, assuming your baby is “full term” (at least 39 weeks gestation) and healthy. If your baby is premature or ill, it is best to ask your baby’s doctor how long you should wait before breastfeeding. If your baby is prone to apnea, low blood pressure, or low muscle tone, you should probably pump and discard your milk for 12-24 hours before you resume breastfeeding.

Specific situations:

- **If you receive a single injection for a dental procedure for sedation and pain**, you can breastfeed as soon as you are awake and stable. Although short-acting agents such as fentanyl and midazolam may be preferred, single doses of meperidine/pethidine or diazepam are unlikely to affect a breastfeeding baby.
- **If you are having plastic surgery**, such as liposuction, where large doses of local anesthetics (lidocaine/xylocaine or lignocaine) are used, you should probably pump and discard your milk for 12 hours before you resume breastfeeding.

Specific anesthetic agents:

- **Drugs used for anesthetic induction**, such as propofol, midazolam, etomidate, or thiopental, enter the milk minimally because they are cleared from the blood so quickly.
- Little research has been done on **anesthetic gases**, but they are only in the blood briefly, and unlikely to be in milk in significant amounts.

Specific pain medications:

- **Morphine** is considered **an ideal pain medicine for breastfeeding mothers** because it does not get into milk well, and is not absorbed well by a baby.
- **Meperidine (Demerol) should NOT be given to breastfeeding mothers**, as it is more likely to cause sleepiness and depressed breathing in babies.
- **Fentanyl levels in breastmilk** have been studied and are extremely low after 2 hours.
- **Remifentanyl (Ultiva)** is a VERY short-acting drug. Milk levels have not been studied, but it should not cause trouble for a baby.
- **Hydrocodone** has been used frequently in breastfeeding mothers. It rarely causes excessive sleepiness in babies. You should take the smallest effective dose, and stop taking it as soon as you can control your pain with Tylenol or Ibuprofen.
- **Codeine and Oxycodone should be avoided** in breastfeeding mothers when possible. They can cause dangerous sleepiness in the baby.
- **Ibuprofen or Tylenol, taken as directed, are safe choices** for pain control while breastfeeding.

You or your physician may access the latest information available regarding a specific drug at:
<https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

Reference used: ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2012
http://www.bfmed.org/Media/Files/Protocols/Protocol_15_revised_2012.pdf

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