

Breastfeeding After Breast Surgery

If you have had any kind of breast surgery, it may impact your ability to produce as much milk as your baby needs. There are several things you can do to encourage your breasts to produce milk so that your baby receives enough nourishment.

- **Please inform your baby’s doctor and your lactation consultant** if you have ever had breast surgery of any kind.
- **Breast surgery can impact both the amount of breast tissue and the nerve supply to your breast(s).** Adequate breast tissue and a nerve supply are necessary for producing and releasing milk. It appears that breast tissue can re-grow to some degree, and the degree of growth of ducts and damaged nerves appears to be related to the length of time since surgery. The longer a woman waits after surgery to breastfeed, the more milk she may be able to produce.
- **Nearly all breast reducing surgical techniques are likely to reduce the ability to make milk.** The least harmful technique appears to be the “**inferior pedicle,**” in which the areola and nipple remain attached to a mound of tissue, called a pedicle, that contains the still-connected milk ducts and nerves.
- **Augmentation surgery (breast implants) appears unlikely to cause harm to milk supply, although this surgery may result in problems with engorgement.** The size of the breasts before augmentation is also important, as the need for augmentation may indicate insufficient glandular tissue, or a breast that did not develop adequately during puberty. This means that a low milk supply may not be a reflection of the surgery, but rather related to the reason a woman chose to have a breast augmentation in the first place.
- **The most common augmentation procedure is the “inframammary,”** in which an implant is inserted in the fold where the breast meets the chest wall, **under** the muscle. It does not tend to impact the ability to make milk, as neither the glandular tissue nor nerves are affected.
- **A biopsy or lumpectomy of the breast** may result in scar tissue that may increase the risk of plugged ducts in that area, or less commonly, may cut a nerve important to breastfeeding.

How can you increase your ability to produce milk following breast reduction?

- **After your baby is born,** hand express colostrum very often (every one to three hours) and once your mature milk is in, double pump at least 8 times a day for 5 to 10 minutes (after nursing) until you are sure you are making plenty of milk and baby is gaining well. If your baby is not latching well and feeding at the breast, pump for ten minutes each time your baby is fed away from the breast.



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For additional
information:
www.milkworks.org

This video demonstrates hand expression:

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

This video demonstrates how to maximize milk production while pumping:

<https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

- **Consider renting a Medela Symphony double electric breast pump, especially in the early days.** This pump may be the most effective to help you to build your supply, manage engorgement and avoid plugged ducts.
- **If weight gain is a concern,** you may rent a good-quality, digital electric baby scale to follow your baby's weight. Weigh your baby naked once a day to watch for weight gain. Babies may lose up to 10% of their birth weight in the first 4 days but should start regaining weight by day 4 or 5 and be back to birth weight by day 14. Continue to weigh your baby in the first few weeks to assure good gain.
- **You may also weigh your baby before and after your baby goes to breast.** This will give you an idea of how much your baby is removing and help you decide if your baby needs to be supplemented. You may want to make an appointment with an IBCLC for a feeding evaluation and specific guidance.
- **If your supply is low** and you need to supplement, you can do this at the breast with a feeding tube, such as a Supplemental Nursing System (SNS) or a Lact-Aid. This will help to keep your baby interested in feeding at your breast.
- You may want to discuss taking a galactagogue with your lactation consultant or physician. A galactagogue may help to increase your supply. (See our information on ***Galactagogues***.)
- Remember, even if your milk supply does not quite meet your baby's needs, **you can still have a fulfilling breastfeeding experience.** There is much more to breastfeeding than your milk. Breastfeeding is a relationship that enhances both baby and mother. **Every drop of your milk that your baby receives is precious, and every moment your baby spends at your breast is worthwhile.**

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