

Allaitement et Anesthésie



Dr Valerie Zaphiratos, MD MSc FRCPC



2017



2019



2022

Managing the Lactating Patient Receiving Anesthesia: An Innovative Educational Initiative

Taylor Lehmann, BSN, RN¹, Emily Morgan, BSN, RN, CCRN¹, Emily Sharpe, MD ¹, Jenna Steege, APRN, CRNA, DNP¹, Darrell Schroeder, MS², and Sarah Dodd, MD¹

Journal of Women's Health
Volume 33, Number 10, 2024

	<i>Presurvey (n = 338*) N = %</i>	<i>Postsurvey (n = 119*) N = %</i>	<i>p-value</i>
Regarding breastfeeding in the perioperative period, I would advise my patient to:			<0.001 ^a
Discontinue for an indefinite time	0 (0.0)	0 (0.0)	
“Pump and dump” for 7 days	2 (0.6)	0 (0.0)	
“Pump and dump” for 24 hours	133 (39.3)	3 (2.5)	
Resume once awake and alert	163 (48.2)	111 (93.3)	
Consult alternate provider	40 (11.8)	5 (4.2)	

“Sleep and Keep”: Dispelling Myths of “Pump and Dump” from an Anesthesiologist's Perspective

Journal of Women's Health
Volume 29, Number 10, 2020

Molly B. Kraus, MD¹, Sarah E. Dodd, MD², and Emily E. Sharpe, MD²



Statement on Resuming Breastfeeding after Anesthesia

Developed by: Committee on Obstetric Anesthesia

Last Amended: October 23, 2024 (Original Approval: October 23, 2019)



Recommendations:

The following recommendations are suggested for lactating women requiring surgery:

1. All anesthetic and analgesic drugs can transfer into breastmilk; however, only small amounts are present in very low concentrations which are considered clinically insignificant.
2. Opioids and/or their metabolites may transfer in slightly higher levels into breastmilk; therefore, steps should be taken to lower opioid requirements by adding other classes of analgesics when appropriate and avoiding drugs that are more likely to transfer (i.e., have a higher RID).
3. Because pain interferes with successful breastfeeding, patients should not avoid pain medicines after surgery. Despite an excellent safety record, breastfeeding persons who require opioid pain medicines should monitor for potential signs of sedation: difficult to wake and/or slowed breathing. Additional consideration for when to resume breastfeeding postoperatively should be given to patients with neonates or infants at high risk for apnea (e.g. prematurity)³.
4. When possible, spinal or epidural anesthesia consisting of local anesthetic and a long-acting opioid, should be used for cesarean delivery to reduce overall post-operative pain medication requirements.
5. Patients should resume breastfeeding as soon as desired after surgery¹¹ because anesthetic drugs appear in such low levels in breastmilk. It is not recommended that patients “pump and dump” and rather they should “sleep and keep”¹³.

Plan



- 1) Principes de base de la lactation**
- 2) Anesthésie pour la patiente qui allaite**
 - a) “Éveillée, stable, and alerte”**
 - b) Ressources**
 - c) Médicaments anesthésiques et lactation**

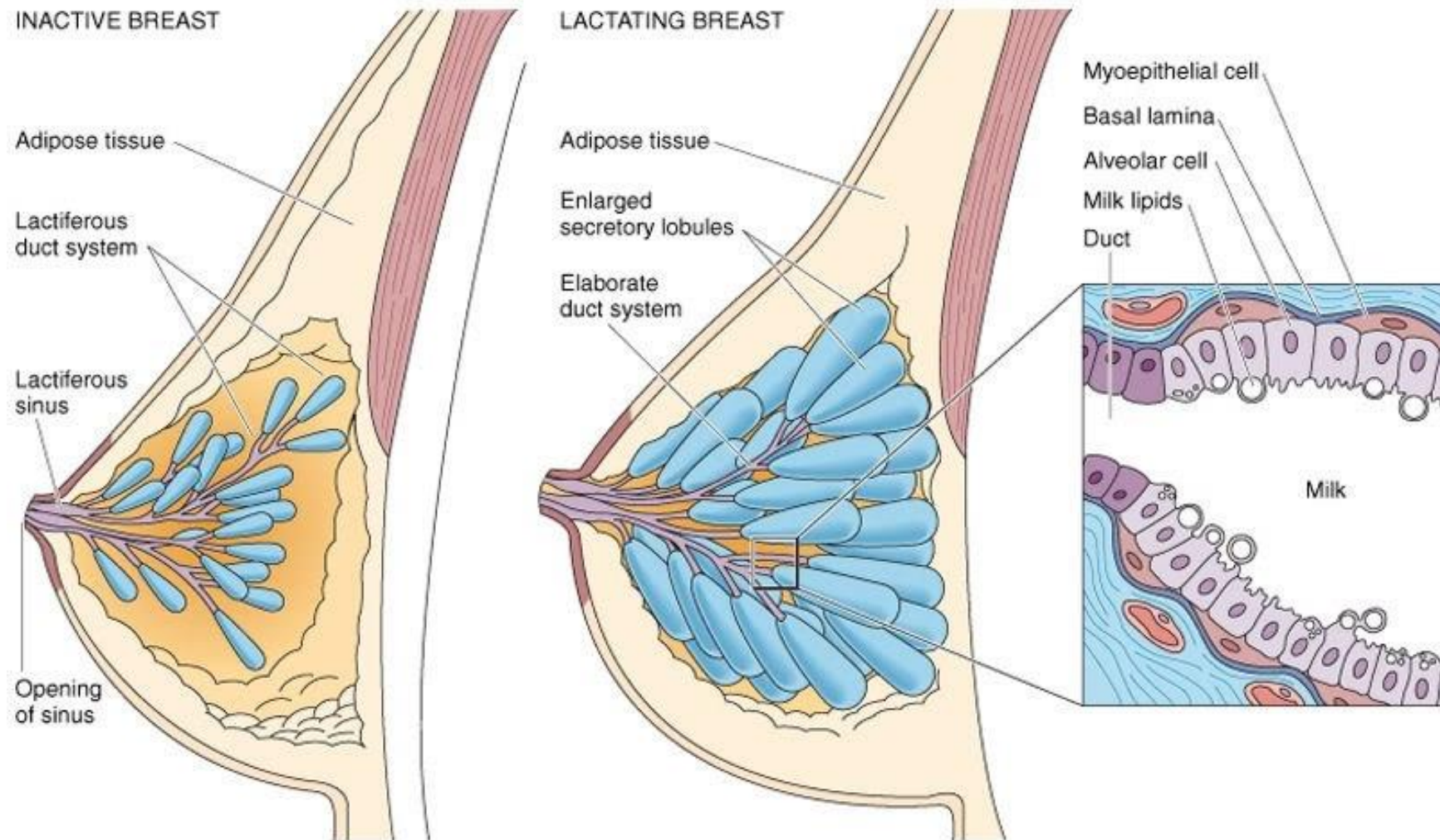
Plan



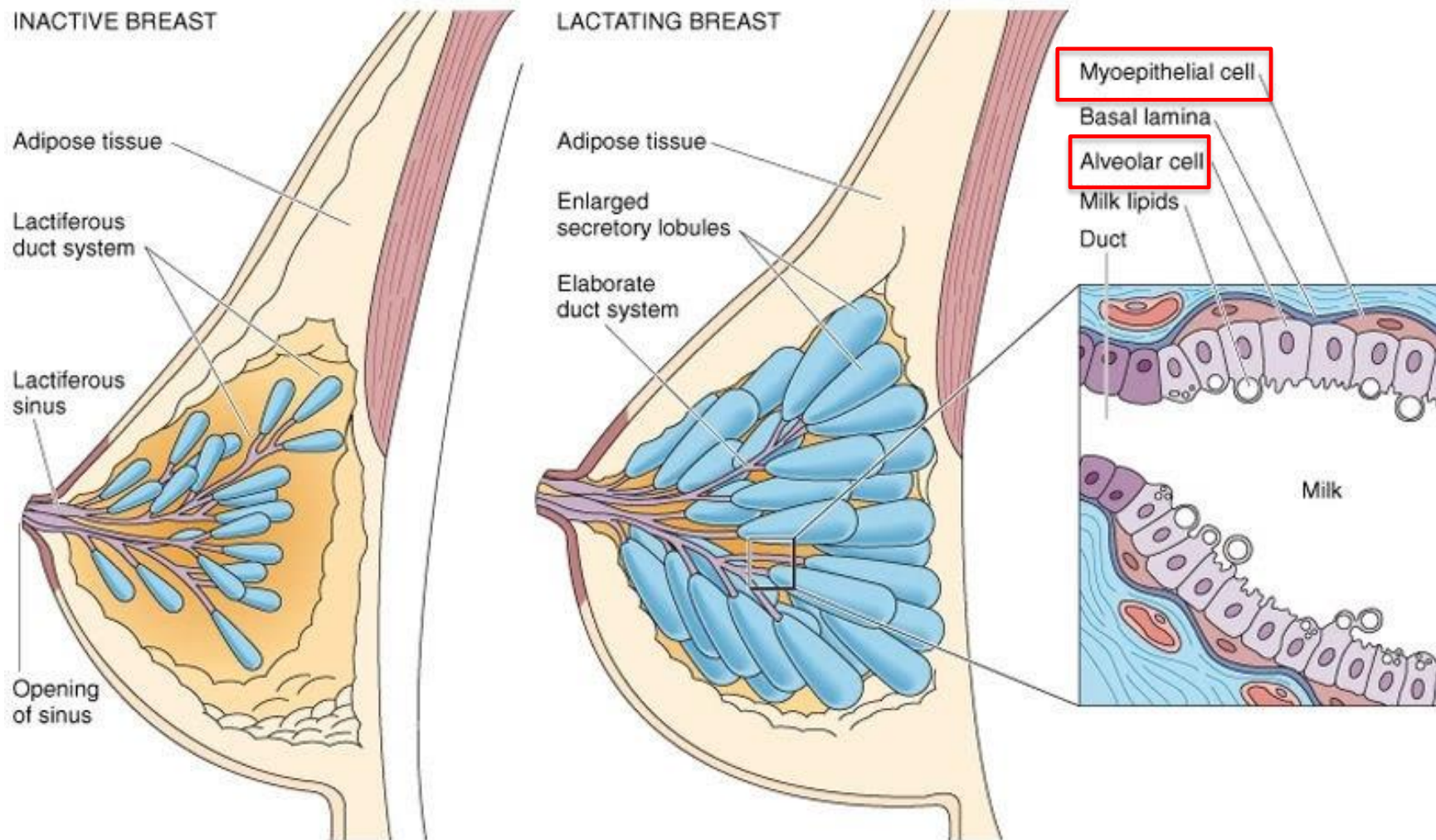
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Anatomie



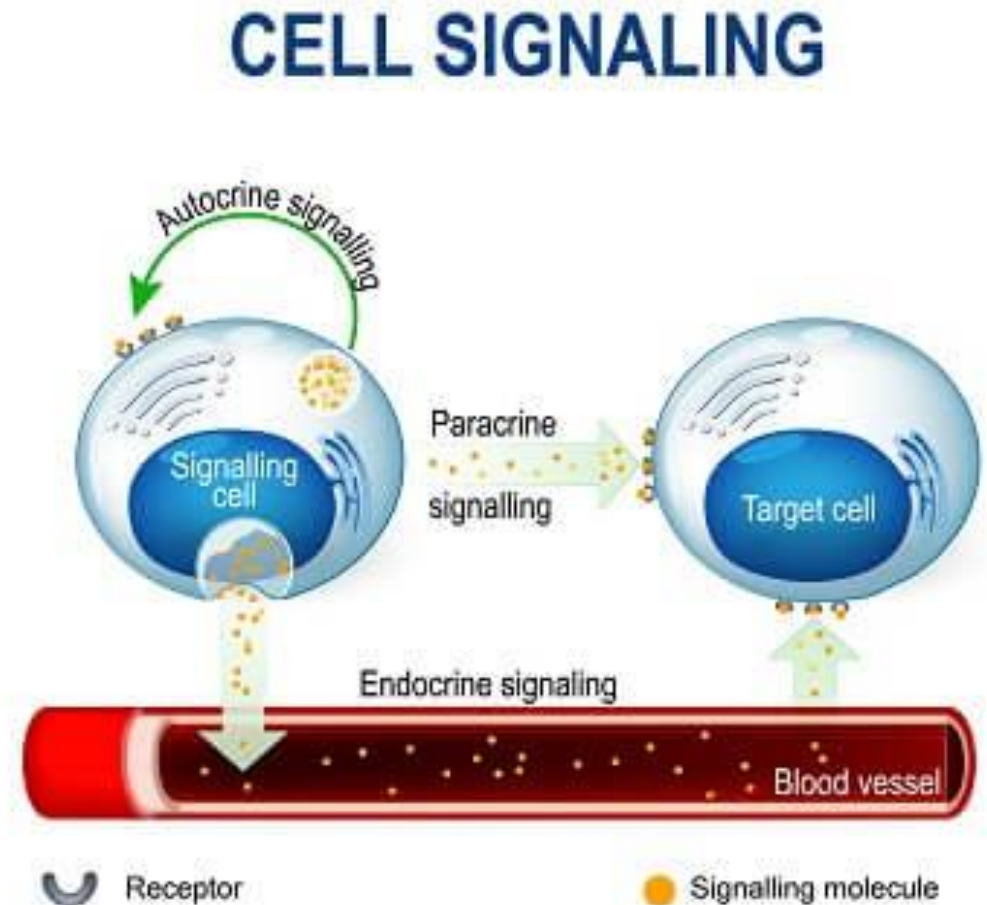
Anatomie



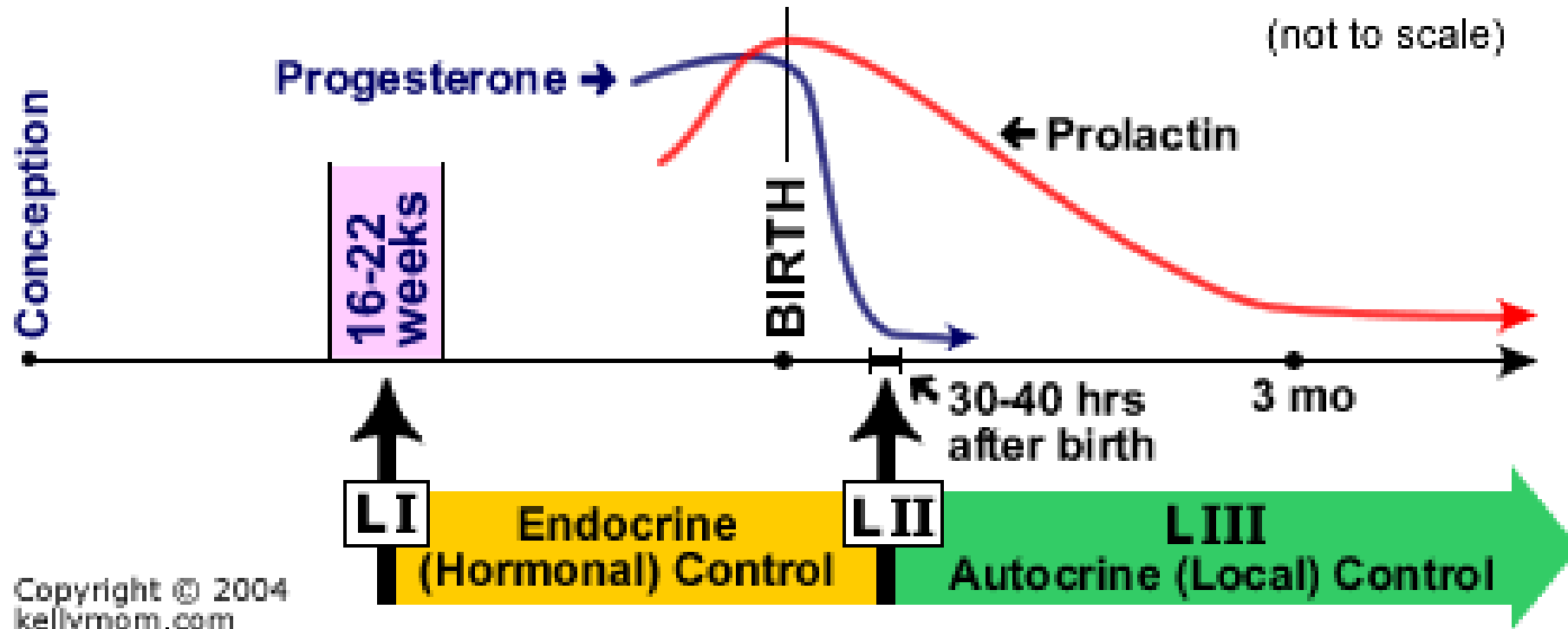
Endocrine: L'hormone est distribuée dans le sang et se lie à des cellules à distance

Autocrine: L'hormone agit sur la même cellule qui l'a produit

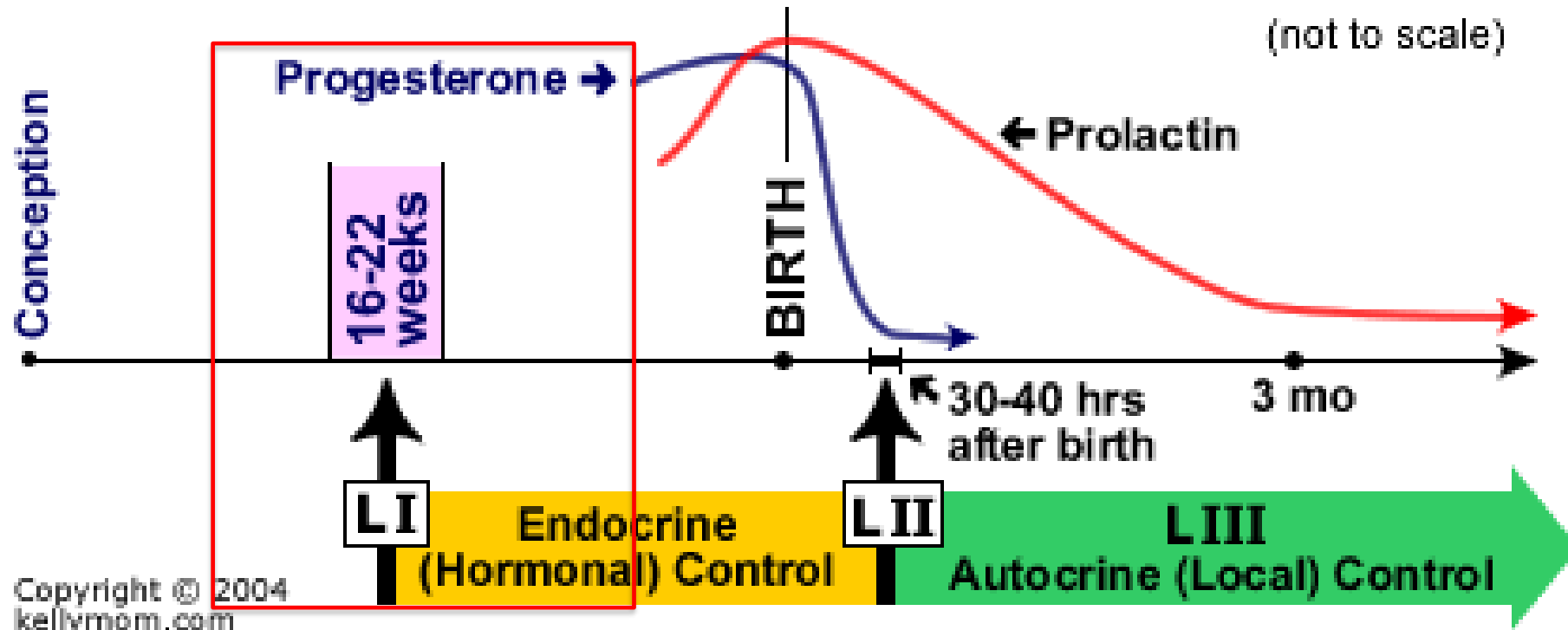
Paracrine: L'hormone affecte les cellules voisines



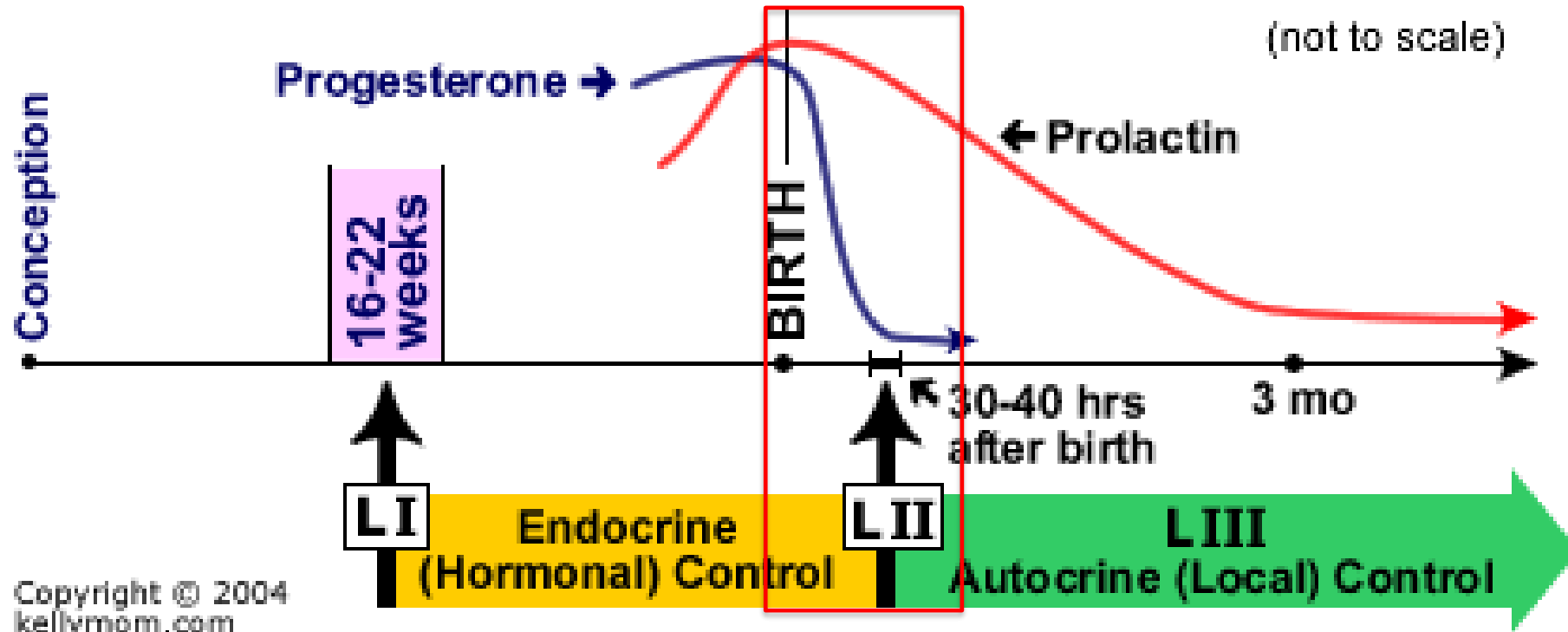
Lactogénèse



Lactogénèse



Lactogénèse

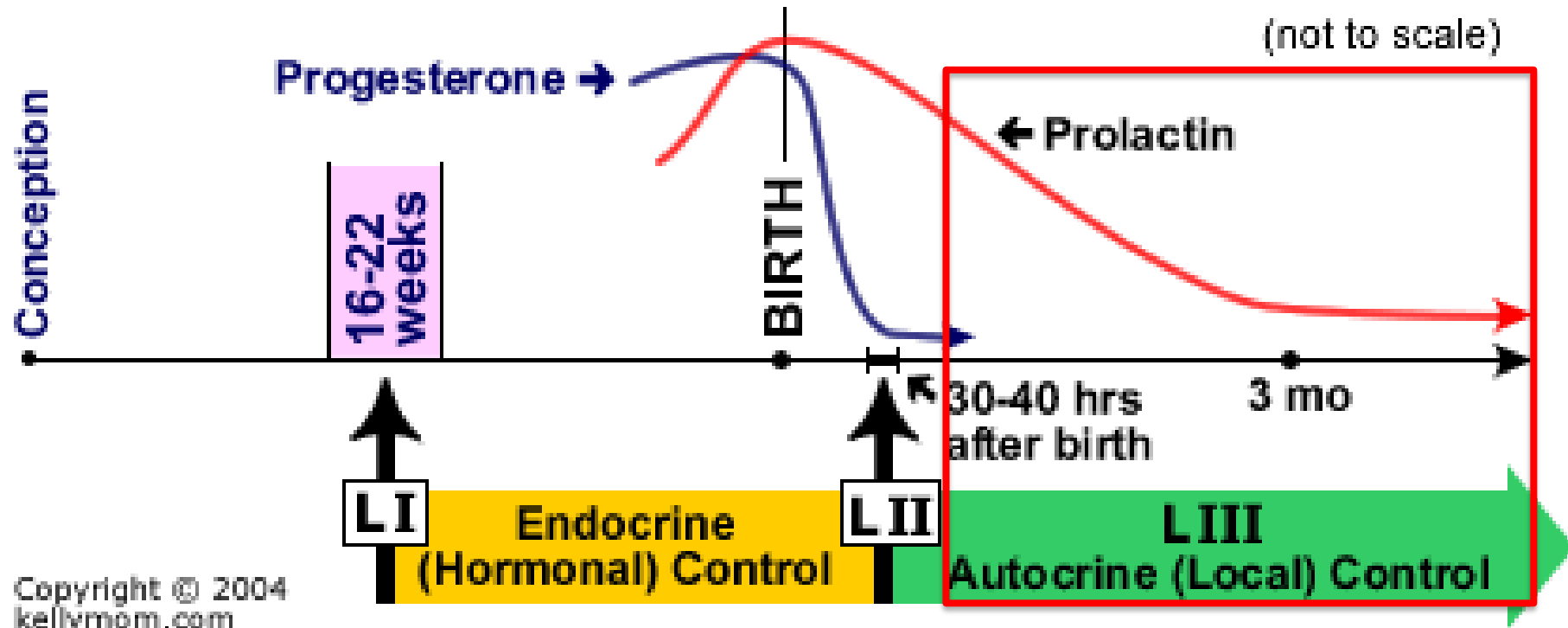


Montée de lait

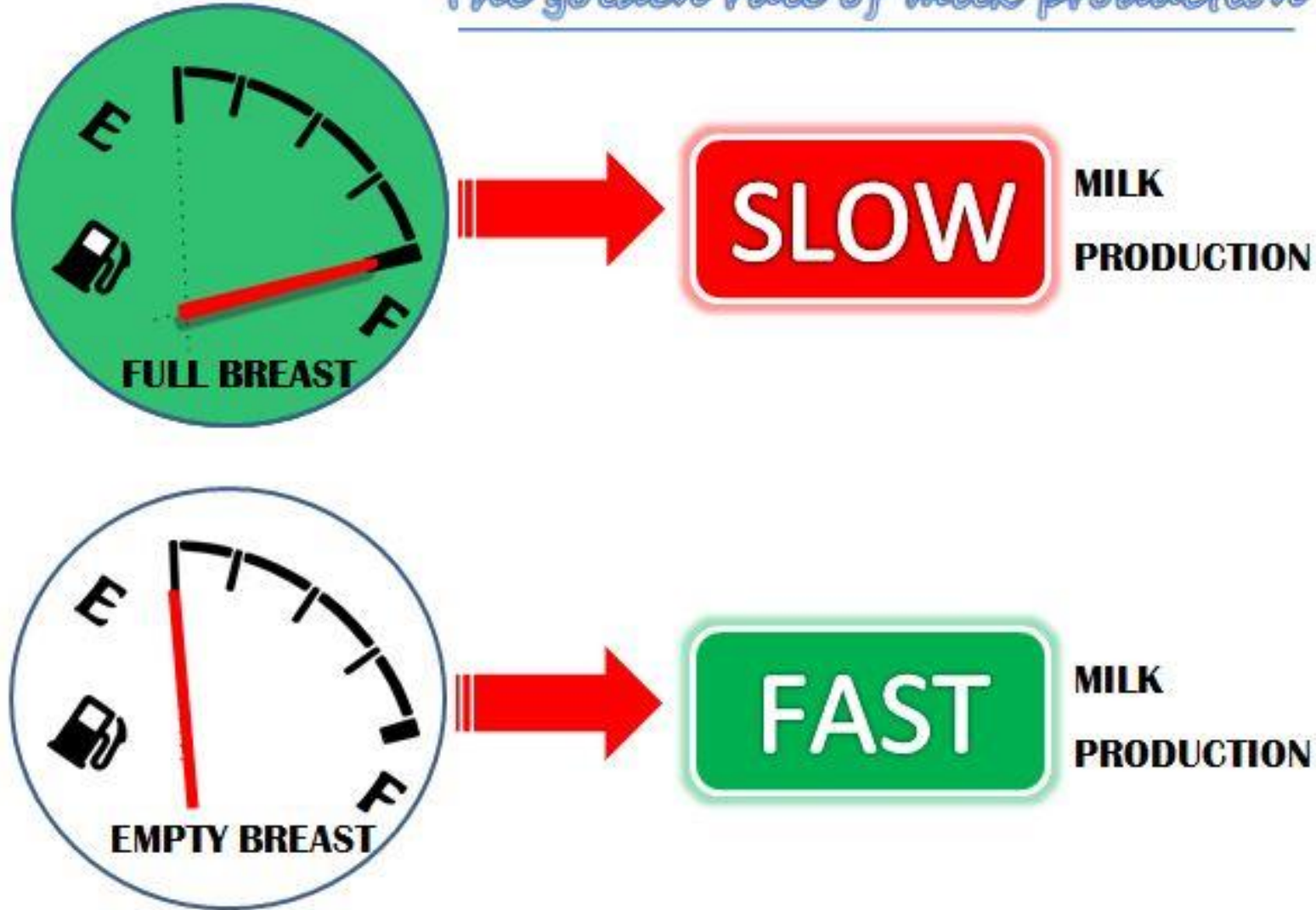


Feed baby
8 to 12 times every 24 hours
in the first few weeks
to establish milk supply

Lactogénèse



The golden rule of milk production



Principes de base

- 1) **Nourrir le bébé**
- 2) **Protéger la production**
- 3) **Garder le bébé familier avec le sein**



Cas

- 28 ans G1P1, 3 semaines post-partum
- Allaitement exclusif de son nouveau-né
- Hospitalisée x 5 jours car en attente pour une cholécystectomie
- Bébé à la maison, nourri à la formule



Conséquences

Engorgement



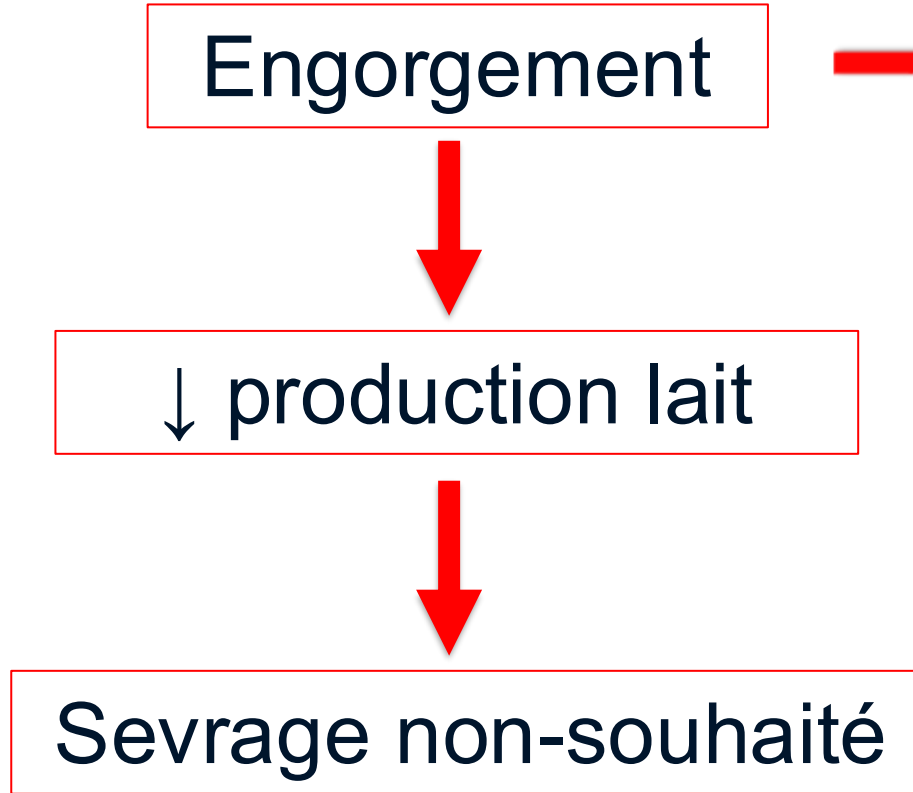
↓ production lait



Sevrage non-souhaité



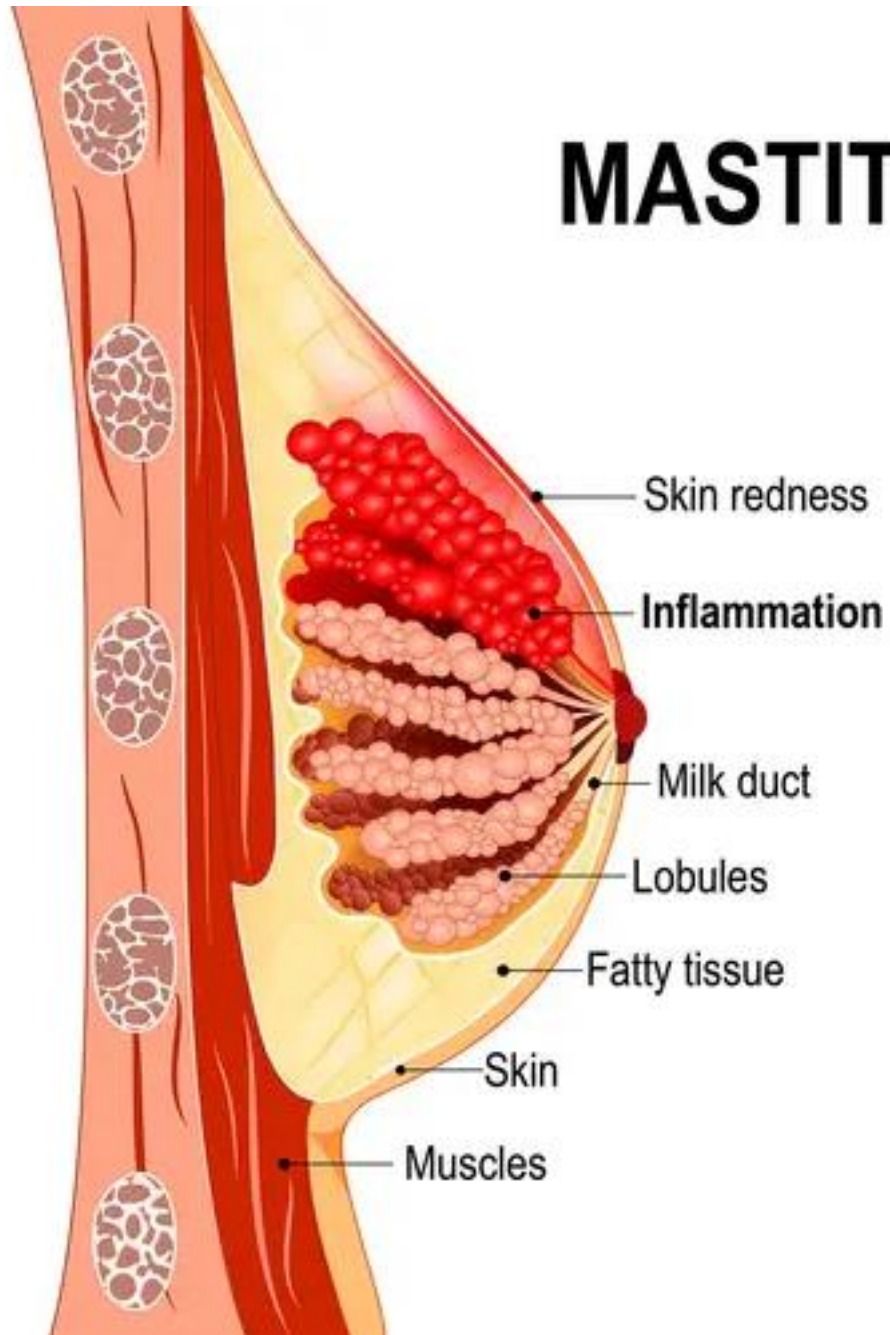
Conséquences



Mastite



MASTITIS



Facteurs de risque

- Changement dans l'horaire des boires
- Diminution des boires
- Stress
- Fatigue
- Maladie

Plan



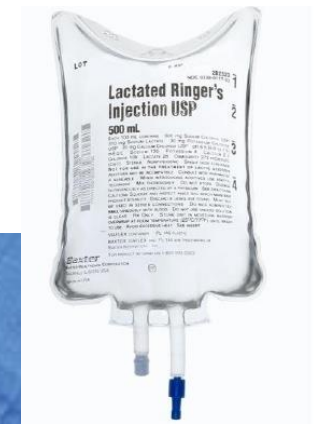
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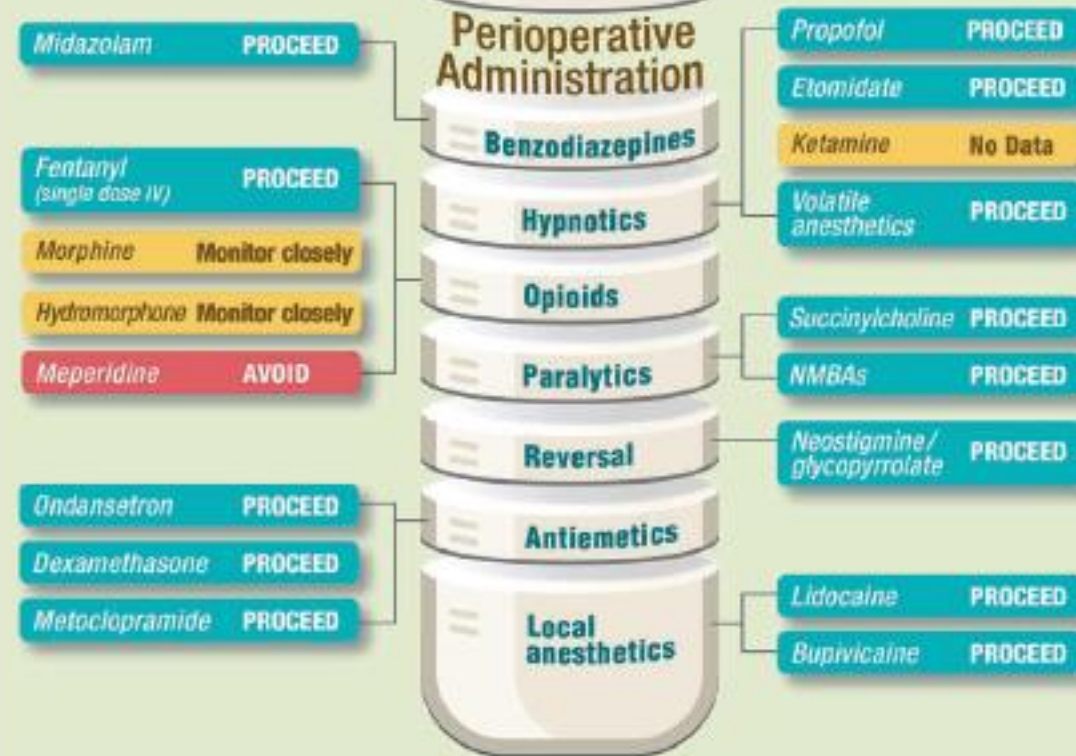


Anesthesia & Breastfeeding:

More Often Than Not, They Are Compatible

In this issue, Lee *et al.*² randomized laboring patients to different concentrations of epidural fentanyl. There was no difference in successful breastfeeding outcomes at 6 weeks.

Breastfeeding is important to infant health. Receiving anesthesia should not affect mom's ability to breastfeed, or the safety of her breastmilk.¹⁻⁴



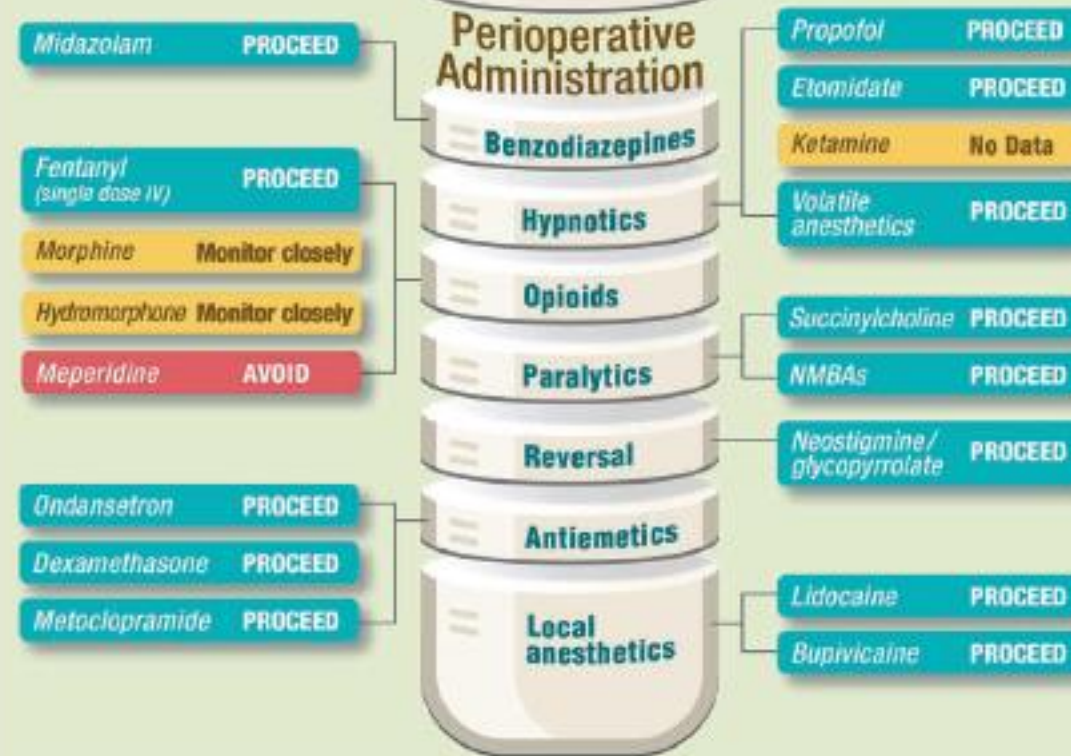
"A general principal is that a mother can resume breastfeeding once she is awake, stable, and alert after anesthesia has been given."²

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"A general principal is that a mother can resume breastfeeding once she is awake, stable, and alert after anesthesia has been given."²

Breastfeeding after Anesthesia: A Review for Anesthesia Providers Regarding the Transfer of Medications into Breast Milk

Benjamin Cobb, MD, Renyu Liu, MD PhD, Elizabeth Valentine, MD, and Onyi Onuoha, MD MPH^{*}

Transl Perioper Pain Med. 2015 ; 1(2): 1–7.

Breastfeeding after anaesthesia: a review of the pharmacological impact on children

T. C. CHU^{*}, J. McCALLUM[†], M. F. YII[‡]

Anaesth Intensive Care 2013; 41: 35-40

Safety of the breast-feeding infant after maternal anesthesia

Priti G. Dalal¹, Jodi Bosak² & Cheston Berlin³

Paediatr Anaesth 2014; 24:359–71

ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017

Sarah Reece-Stremtan,¹ Matilde Campos,² Lauren Kokajko,¹ and The Academy of Breastfeeding Medicine

BREASTFEEDING MEDICINE

Volume 12, Number 9, 2017

ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017

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BREASTFEEDING MEDICINE
Volume 12, Number 9, 2017

A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols, free from commercial interest or influence, for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

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Recommendations

General principles

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BREASTFEEDING MEDICINE

Volume 12, Number 9, 2017

Recommendations

General principles

Mothers with healthy term or older infants can generally resume breastfeeding as soon as they are awake, stable, and alert.¹⁻⁸ (IV) Resumption of normal mentation is a hallmark that medications have redistributed from the plasma compartment (and thus generally the milk compartment) and entered adipose and muscle tissue where they are slowly released.

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Volume 12, Number 9, 2017

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General principles

Infants at risk for apnea, hypotension, or hypotonia may benefit from a brief interruption of breastfeeding (6–12 hours) after maternal anesthesia. In this situation, mothers can express and store her milk in small amounts to be used when the infant is older, or it can be mixed with fresh milk containing no medications to dilute the milk with medications present.



Plan



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Select Resources for Drug Use in Lactation

Resource	Summary	Where to Find More Information
LactMed	LactMed is a database of drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breastmilk and infant blood, and the possible adverse effects in the nursing infant.	www.ncbi.nlm.nih.gov/books/NBK501922/
Medications and Mothers' Milk	This reference contains current, complete, and evidence-based information on the transmission of maternal drugs into human milk.	www.halesmeds.com/
Briggs Drugs in Pregnancy and Lactation	An easy A-to-Z format lists more than 1,400 of the most prescribed drugs taken during pregnancy and lactation, with detailed monographs designed to provide the most essential information on possible effects on the mother, embryo, fetus, and nursing infant. Evidence-based resource.	Available as print
MotherToBaby	The Organization of Teratology Information Specialists provides information (in English and Spanish) for women and healthcare providers on the risks and safety of taking medication during pregnancy and breastfeeding.	www.mothertobaby.org
MicroMedex	Evidence-based clinical resources to support informed diagnosis and treatment decisions. This requires a subscription.	www.micromedexsolutions.com/micromedex2/librarian/
InfantRisk Center	Provides up-to-date, evidence-based information on the use of medications during pregnancy and breastfeeding. The InfantRisk Center also provides resources such as a free call center, MommyMeds mobile app for consumers, and InfantRisk mobile app for healthcare professionals.	www.infantrisk.com/category/breastfeeding

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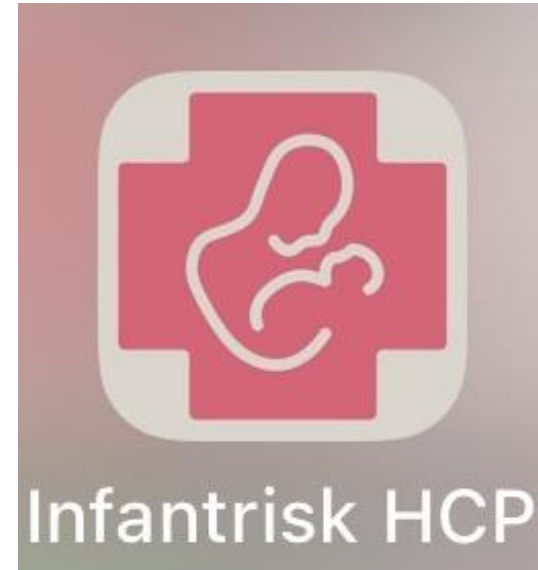
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Mobile Apps



Free



\$

Toronto

SickKids shuts down Motherisk helplines after grants, donations 'reduced to zero'

Moms are being referred to MotherToBaby, but the organization worries it might not be equipped for calls

Jasmin Seputis · Posted: Apr 16, 2019 10:27 PM EDT | Last Updated: April 17, 2019

Toronto

Former SickKids Motherisk website now directs to cannabis blog

Failure to secure domain from future use was an oversight, SickKids says



[Sannah Choi](#) · CBC News · Posted: Dec 04, 2019 3:38 PM EST | Last Updated: December 4, 2019



image

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Département
de pharmacie

**CHU
Sainte-Justine**

Le centre hospitalier
universitaire mère-enfant

Université 
de Montréal

Category	Description
L1 Safest	Drug that has been taken by a large number of breastfeeding mothers without any observed increase in adverse effects in the infant. Controlled studies in breastfeeding women fail to demonstrate a risk to the infant and the possibility of harm to the breastfeeding infant is remote. Or the product is not orally bioavailable in an infant.
L2 Safer	Drug that has been studied in a limited number of breastfeeding women without an increase in adverse effects in the infant and/or the evidence of a demonstrated risk that is likely to follow use of this medication in a breastfeeding woman is remote.
L3 Moderately Safe	There are not controlled studies in breastfeeding women; however, the risk of untoward effects to a breastfed infant is possible, or controlled studies show only minimal, nonthreatening adverse effects. Drugs should be given only if the potential benefit justifies the potential risk to the infant.
L4 Hazardous	There is positive evidence of risk to a breastfed infant, or to breast milk production, but the benefits from use in breastfeeding mothers may be acceptable despite the risk to the infant (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
L5 Contraindicated	Studies in breastfeeding mothers have demonstrated that there is significant and documented risk to the infant based on human experience, or it is a medication that has a high risk of causing significant damage to an infant. The risk of using the drug in breastfeeding women clearly outweighs any possible benefit from breastfeeding. The drug is contraindicated in women who are breastfeeding an infant.

Plan



1) Principes de base de la lactation

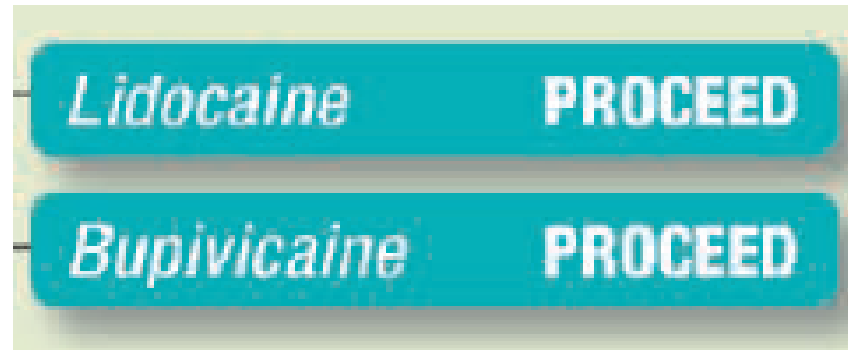
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Anesthésiques locaux



<i>Lidocaine</i>	PROCEED
<i>Bupivacaine</i>	PROCEED

Grosses molécules polarisés
Usage encouragé pour ↓ opiacés

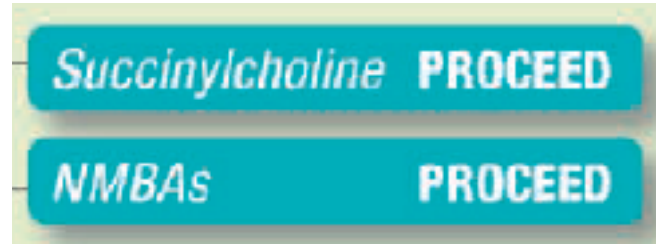
Induction et Maintenance

<i>Midazolam</i>	PROCEED
<i>Propofol</i>	PROCEED
<i>Etomidate</i>	PROCEED
<i>Ketamine</i>	No Data

<i>Volatile anesthetics</i>	PROCEED
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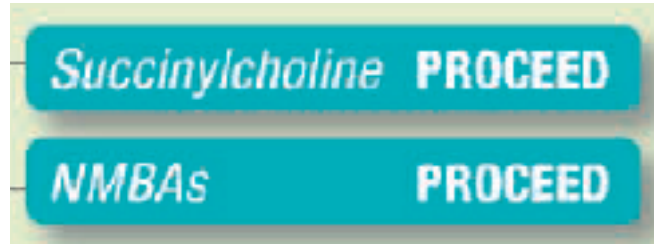
Phase de distribution brève

Bloqueurs neuromusculaires et renverse



Peu liposolubles et distribution extracellulaire

Bloqueurs neuromusculaires et renverse

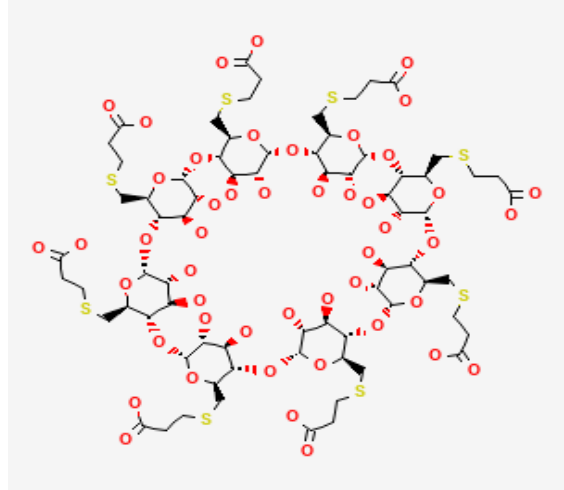


Peu liposolubles et distribution extracellulaire



Quantité négligeable dans le lait maternel

Suggamadex



Statement on Sugammadex during pregnancy and lactation

PATIENTS WITH
ESTABLISHED LACTATION

SAFE TO USE

After receiving sugammadex, it is likely safe to resume a normal breastfeeding routine once the patient has recovered from general anesthesia. However, the patient should be informed that the effects on lactation are unknown (see Section IIIa. Use of sugammadex in breastfeeding women: early postpartum versus established lactation).

Summary of Use during Lactation

No information is available on the clinical use of sugammadex during breastfeeding. Because sugammadex is a large, highly polar molecule with a molecular weight of 2002 Da., the amount in milk is likely to be very low and oral absorption by the infant is unlikely. Sugammadex is acceptable to use during breastfeeding.[\[1-3\]](#)

Antiémétiques



<i>Ondansetron</i>	PROCEED
<i>Dexamethasone</i>	PROCEED
<i>Metoclopramide</i>	PROCEED

Sécuritaires – peu de sédation

Opiacés

*90% des femmes
initient l'allaitement
en post-partum
immédiat*

Fentanyl (single dose IV)	PROCEED
Morphine	Monitor closely
Hydromorphone	Monitor closely
Meperidine	AVOID

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Recommendations

General principles

The most concerning class of medications used for anesthesia and analgesia in breastfeeding mothers is opioids, as these medications transfer into breast milk and may cause infant sedation or apnea. Judicious use of opioids for short periods is likely to be safe for most breastfeeding mothers and infants.^{6,12–14} (IV)

Relative Infant Dose (RID)

RELATIVE INFANT DOSE

$$\text{RID} = \frac{\text{Dose.infant} \left[\frac{\text{mg}}{\text{kg} \cdot \text{day}} \right]}{\text{Dose.mother} \left[\frac{\text{mg}}{\text{kg} \cdot \text{day}} \right]}$$

Dose.infant = Dose in infant/day

Dose.mother = Dose in mother/day

RID < 10% = acceptable

Opiacés à privilégier

Fentanyl, Sufentanil, Remifentanyl
Morphine et Hydromorphone

Opiacés à privilégier

Fentanyl, Sufentanil, Remifentanil

Morphine et Hydromorphone
RID 9%

Opiacés à privilégier

Fentanyl, Sufentanil, Remifentanyl
Morphine et Hydromorphone

Opiacés à éviter

Mépipridine
Codéine
Tramadol

Pharmacogenetics of morphine poisoning in a breastfed neonate of a codeine-prescribed mother

Gideon Koren, James Cairns, David Chitayat, Andrea Gaedigk, Steven J Leeder

Lancet 2006; 368: 704

Pharmacogenetics of morphine poisoning in a breastfed neonate of a codeine-prescribed mother

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Above all, avoidance of codeine use during breastfeeding,
with its use being retained as second or third line for
uncontrolled pain, could also avert this situation. Whatever
clinical approach is taken, codeine cannot be considered
as a safe drug for all infants during breastfeeding.

Codeine and tramadol should not be used by the following:

Children younger than 12 years



Children and adolescents after surgery to remove tonsils or adenoids



Adolescents who are obese or have sleep apnea or severe lung disease

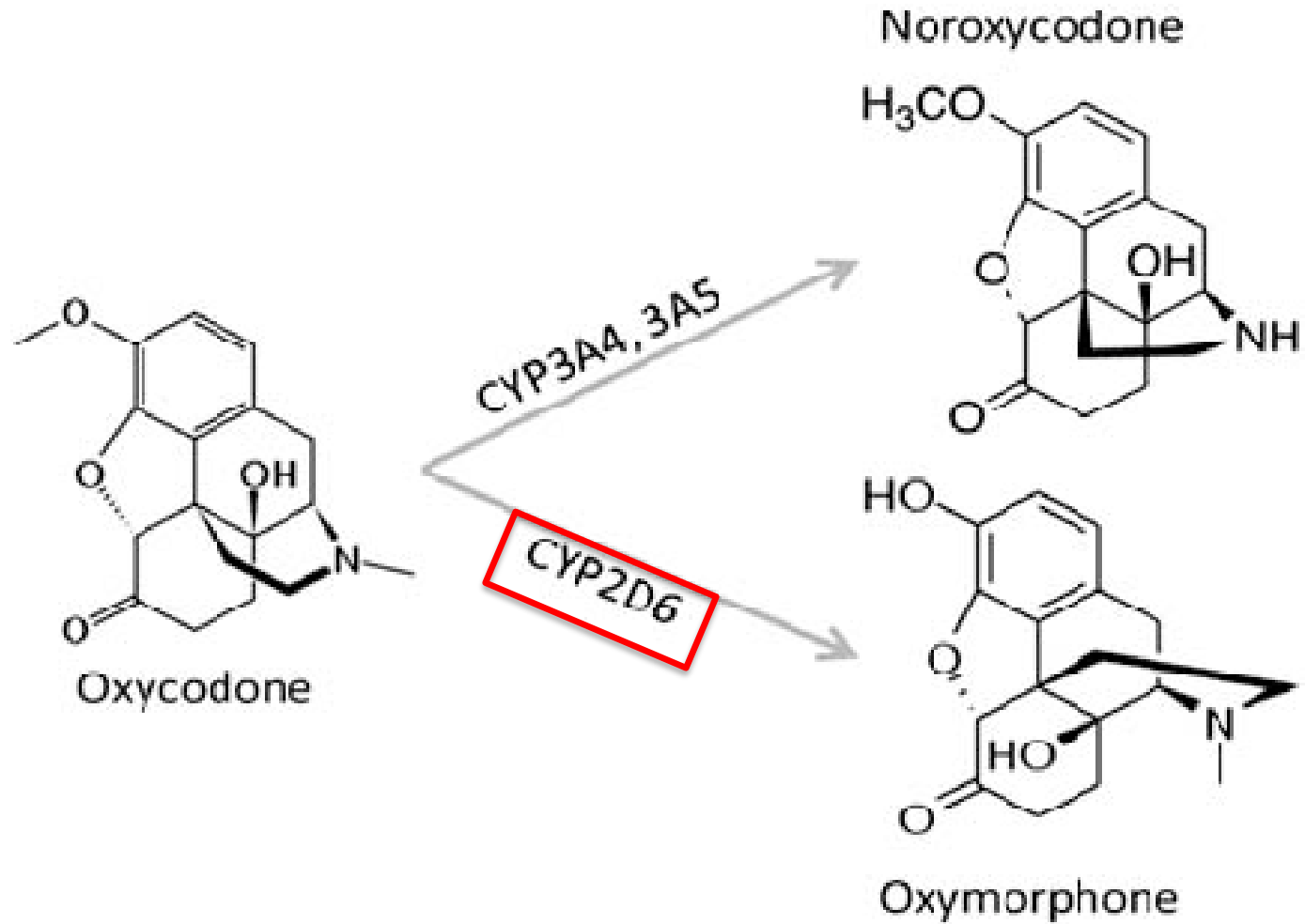


Breastfeeding women



Discuss alternative treatments with your pediatrician.

Oxycodone



Breast milk oxycodone concentrations in mothers given oxycodone for post-Caesarean delivery pain management

Aino Pesonen¹ | Henriikka Hakomäki¹  | Hannu Kokki²  | Veli-Pekka Ranta¹
Valtteri Rinne³  | Merja Kokki⁴ 

Br J Clin Pharmacol. 2024;90:1183–1192.

- 43 patientes post-césarienne x 3 jours post-op
- Oxycodone usage courte-durée = *sécuritaire* (RID < 10%)
- Effets possibles des opiacés chez le NN en cas extrêmes
- Maximum de 30 mg die



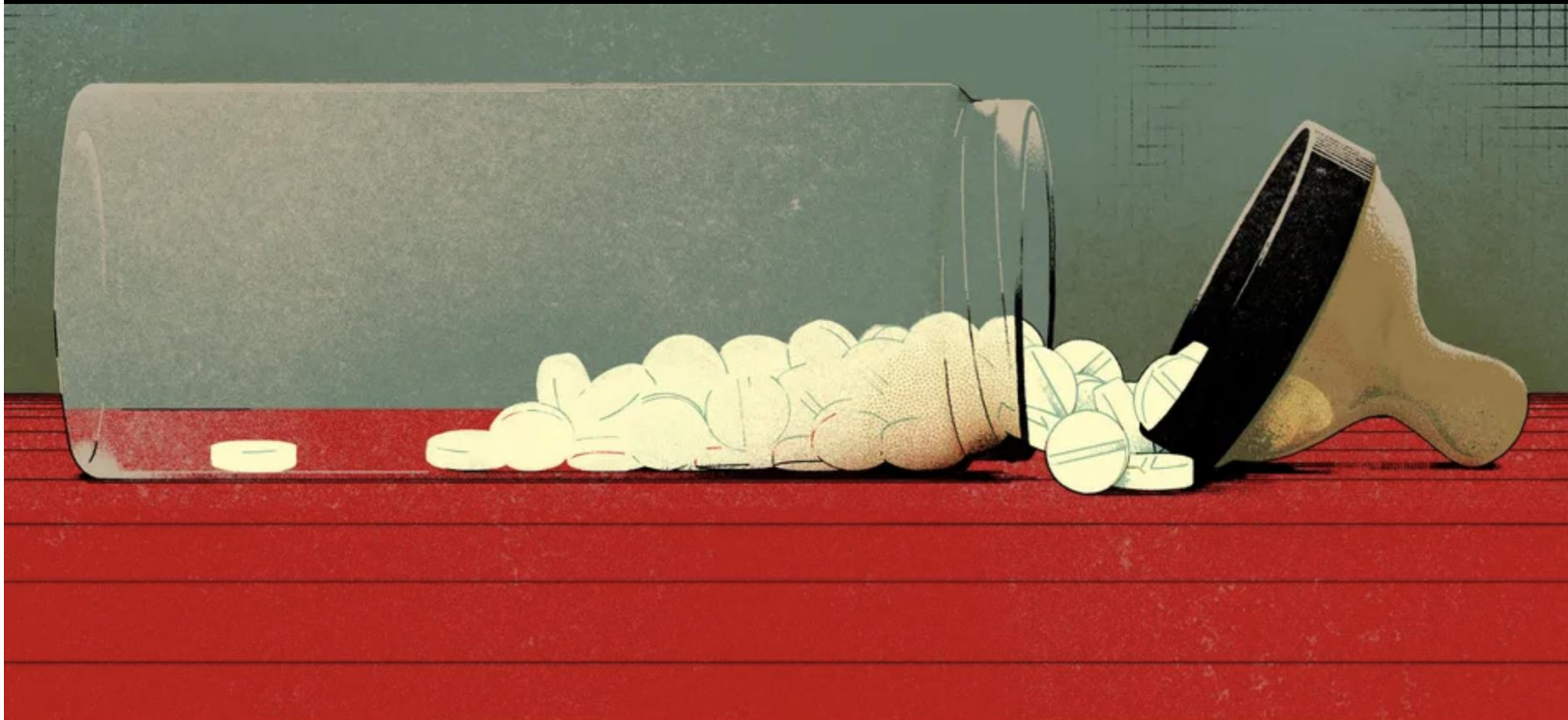
DID A CELEBRATED RESEARCHER OBSCURE A BABY'S POISONING?

After a newborn died of opioid poisoning, a new branch of pediatrics came into being. But the evidence doesn't add up.

By Ben Taub

January 26, 2026

PRICE \$10.99 THE NEW YORKER JAN. 26, 2026



Tariq was twelve days old when he died. Afterward, medical guidance for breast-feeding mothers changed all over the Western Hemisphere. Illustration by Juan Bernabeu

Expression of Concern: Pharmacogenetics of morphine poisoning in a breastfed neonate of a codeine-prescribed mother



Following the publication of this Case Report by Gideon Koren and colleagues¹ in 2006, concerns were raised about its interpretation by D Nicholas Bateman and colleagues and we published a Correspondence exchange and an accompanying Comment in 2008.²⁻⁴ In 2020, further doubts about the plausibility were raised by David N Juurlink, who asked us to retract the paper and subsequently outlined in a Mini-Review⁵ together with his colleague Jonathan Zipursky his reasoning for the implausibility of this infant's death being caused through codeine in breastmilk. At this point *The Lancet* asked for an institutional investigation by The Hospital for Sick Children, Toronto, ON, Canada. The outcome of that investigation concluded that a retraction of the 2006 Case Report was not warranted as there was no breach of lack of rigour, and that there is no justification for a retraction for an ongoing scientific dispute. Two papers based on the original Case Report were retracted by two Canadian journals following an assessment by experts.⁶⁻⁸

On Jan 20, 2026, The Lancet was contacted with new allegations of falsification of toxicological data, authorship issues, and ethical concerns about the Case

Report with a renewed call for retraction. We have therefore referred these allegations to the Research Integrity Office of The Hospital for Sick Children for a new formal investigation and are issuing this Expression of Concern to alert readers to the questions being raised about the integrity of this Case Report.

The Editors of The Lancet

The Lancet, London EC2Y 5AS, UK

- 1 Koren G, Cairns J, Chitayat D, Gaedigk A, Leeder SJ. Pharmacogenetics of morphine poisoning in a breastfed neonate of a codeine-prescribed mother. *Lancet* 2006; **368**: 704.
- 2 Bateman DN, Eddlestone M, Sandilands E. Codeine and breastfeeding. *Lancet* 2008; **372**: 625.
- 3 Madadi P, Chitayat D, Koren G. Codeine and breastfeeding. *Lancet* 2008; **372**: 626
- 4 Ferner RE. Did the drug cause death? Codeine and breastfeeding. *Lancet* 2008; **372**: 606-08.
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Dexmedetomidine (Precedex™)



Detection of dexmedetomidine in human breast milk using liquid chromatography–tandem mass spectrometry: Application to a study of drug safety in breastfeeding after Cesarean section

Rika Nakanishi^{a,1}, Manabu Yoshimura^{b,1}, Manabu Suno^{a,*}, Kento Yamamoto^a, Haruka Ito^a, Yohei Uchimine^a, Takashi Toriumi^b, Atsushi Kurosawa^c, Ami Sugawara^c, Takayuki Kunisawa^c *Journal of Chromatography B*, 1040 (2017) 208–213

Intravenous dexmedetomidine for cesarean delivery and its concentration in colostrum

International Journal of Obstetric Anesthesia (2017) 32, 28–32

M. Yoshimura,^a T. Kunisawa,^b M. Suno,^c A. Sugawara,^b A. Kurosawa,^b R. Nakanishi,^c K. Aoki,^c T. Toriumi^a

M/P		M/P ratio	
RID (%)		6 h RID (%)	
6	6	6 h	0.023
		0.53	0.098
		0.88	0.024
		0.76	0.024
		0.45	
0.88	0.098	0.95	0.032
0.76	0.048	0.57	0.036
		0.76	0.048
0.82	0.040	0.82	0.040

Impact of Intraoperative Infusion and Postoperative PCIA of Dexmedetomidine on Early Breastfeeding After Elective Cesarean Section: A Randomized Double-Blind Controlled Trial

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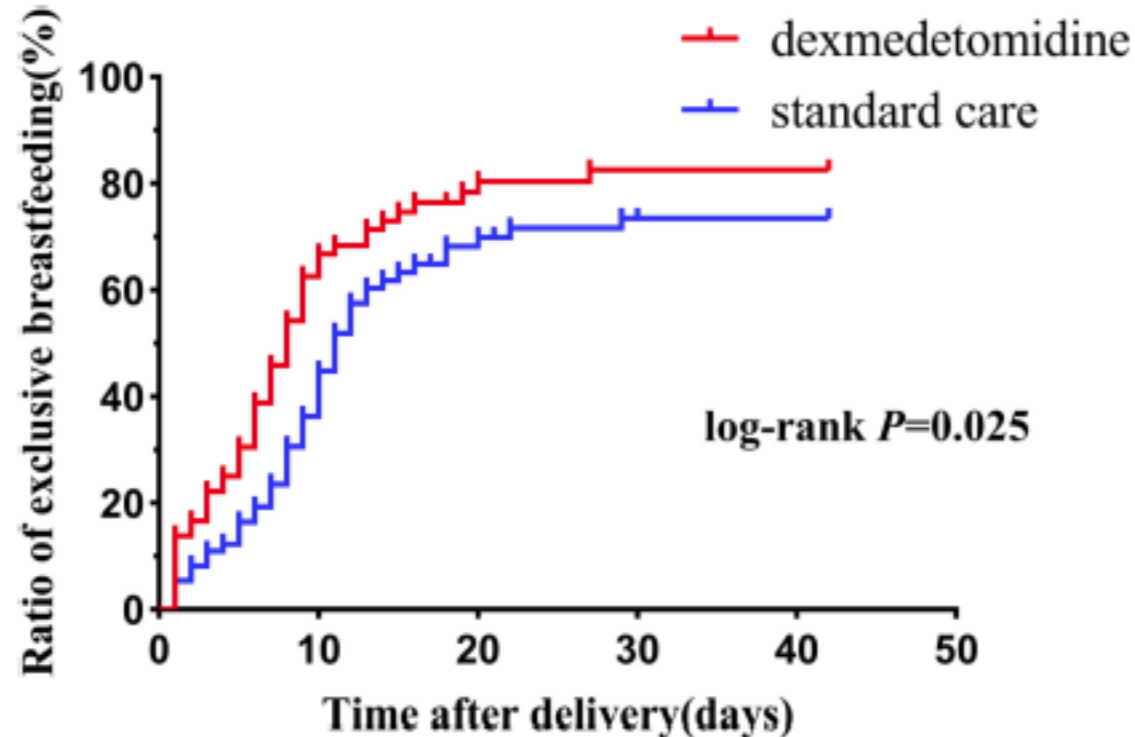


Figure 2 Kaplan-Meier curves for ratio of exclusive breastfeeding after delivery between the two groups.



Autres considérations

- Pomper ou allaiter juste avant la salle d'op
- 1^e cas de la journée pour minimiser le jeûn
- Euvolémie
- Éviter l'iode comme badigeon
- Analgésie multimodale
 - Privilégier loco-régionale
 - Limiter les opiacés

Sommaire à retenir



- La séparation de la dyade mère/enfant peut mener à l'engorgement et la mastite
- *Pump and dump* n'est plus recommandé
- Mère **éveillée, stable, alerte** peut allaiter
- Analgésie multimodale – minimiser opiacés

Questions? Commentaires?

What People Say About Breastfeeding

The baby will know exactly what to do.



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And so will your body.



www.BreastfeedingMamaTalk.com

It's just so natural.



Reality

WHAT IS HAPPENING?!



HEDGER HUMOR FOR BREASTFEEDING MAMA TALK