Ashford and St. Peter's Hospitals
NHS Foundation Trust

Anaesthesia and analgesia for breastfeeding mothers undergoing general anaesthesia

Author: **Eleni Syrrakou, Locum Consultant Anaesthetist**

Executive Lead: **Mike Parris, Specialty Lead**

Status: Approval date:

Ratified by:

Review date:

History

Issue	Date Issued	Brief Summary of Change	Author
1			
2			

For more information on the status of this document, please contact:	
Policy Author	Eleni Syrrakou
Department/Directorate	Anaesthetics
Date of issue	
Review due	
Ratified by	
Audience	

Executive summary

This guideline aims to provide anaesthetists with evidence based information so they may appropriately counsel nursing mothers undergoing surgery who are concerned about adverse neonatal effects from medication exposure via breastmilk.

Contents

Appendices

See also: Any relevant trust policies/guidelines or procedures

1. Introduction

1.1 This document is intended to be a general guide about medications that can be administered safely to breastfeeding mothers during the perioperative period. It provides staff with a clear list of anaesthetic and analgesic drugs that are safe to use and also those to avoid in breastfeeding patients.

1.2 This will also improve the mother's experience and satisfaction since "pump and dump" is no longer recommended and **women should resume breastfeeding immediately after surgery.**

2. Scope

2.1 This guidance is relevant to all theatre staff, including;
Anaesthetists
Surgeons
Theatre Practitioners (nurses and ODP's)
Pre assessment nurses

3. Purpose

The purpose of this document is to set out clear and unambiguous guidelines for the safe administration of anaesthetic drugs and post operative pain relief to breastfeeding mothers undergoing elective or emergency surgery at St Peter's or Ashford Hospital.

4. Explanation of Terms Used

4.1 Glossary

ODP - Operating Department Practitioner - a registered practitioner who primary role is to support and assist the anaesthetist in the operating department.

NEC - Necrotising Enterocolitis

5. Duties and responsibilities

5.1 The Anaesthetic Consultant has overall responsibility for the anaesthetic management of these patients.

5.1.1 Doctors in training or doctors in non-training posts should discuss the case with their designated consultant if they are in doubt about safe drugs for anaesthesia and analgesia for breast feeding mothers.

5.1.2 Patients should be advised to resume breastfeeding immediately post-surgery unless there is a contraindication, e.g. the mother is seriously ill.

5.2 The pre assessment nurses should give accurate information to breastfeeding mothers about the medications that can be used safely in the peri-operative period.

5.2.1 They should also explain that 'pump and dump' is no longer recommended and that breastfeeding should continue throughout the perioperative period.

6. Guideline

6.1 This policy is to ensure the safe administration of drugs to breastfeeding mothers when they present for surgery and anaesthesia.

6.2 General principles

- Consider deferring elective surgery until infant is older.
- Mothers should express milk prior to surgery to enable continued feeding if prolonged separation occurs, thus also avoiding engorgement.
- Encourage mothers to continue breastfeeding throughout the perioperative period. Pain reduces the success of breastfeeding, therefore analgesia should be encouraged postoperatively.
- Caution is needed in mothers with pre-term infants and those who suffer from pre-existing apnoea, hypotension or hypotonia, who need to be continuously monitored. Wherever possible, breastfeeding should be encouraged and uninterrupted.
- Remember that breast milk is the gold standard for all babies and the only milk that protects against NEC.
- Further information for patients regarding breastfeeding and anaesthesia - www.breastfeedingnetwork.org.uk

6.3 On the day of surgery:

- Prioritise breastfeeding patients on the theatre list to facilitate early discharge.
- Consider regional techniques or procedures under local anaesthesia whenever possible.

6.4 Intraoperatively

- Use **short acting drugs**. Give **multimodal analgesia** to reduce the use of opioids. See below for a list of safe drugs, drugs to avoid and those with no data.

6.5 Postoperatively

- Recommence breastfeeding as early as possible, when mother is safe to do so.
- Historical "Pump and Dump" is no longer indicated, especially when 'safe' drugs are used during anaesthesia.
- Our infant feeding team can provide a breast pump for a lactating woman wherever they are in the hospital. They can be contacted via asp-tr.infant-feeding@nhs.net. Women who are having their surgery at Ashford hospital are advised to bring in their own breast pump.

Women who are having their surgery as an inpatient at St Peter's ideally should not be separated from their infants (unless clinically indicated otherwise). The bed manager should be informed and a side room should be provided if possible.

- A responsible adult should be available to monitor the baby if the mother requires oral opioids post-operatively. A small amount of the drug is excreted to the breast milk and the infant may become sleepy. In order to avoid separation, personalised care in a side room should be considered - this would give flexibility for the mother's partner to stay overnight to assist her with caring for the infant.
- The responsibility to look after the infant lies with the mother and/or her partner at all times. If the mother is unwell or is polymedicated then considerations should be made as to the appropriateness of continuing breastfeeding. This should be discussed with mother.

DRUGS SAFE TO USE

Inhalational agents:
Isoflurane, Nitrous Oxide, Sevoflurane, Desflurane
Induction drugs:
Propofol, Thiopental, Midazolam
Neuromuscular drugs:
Non-depolarising muscle relaxant,
Reversal agents
Opioids:
Fentanyl, Remifentanil, Alfentanil, Morphine, Dihydrocodeine
Other analgesics:
Paracetamol, NSAIDs
Antiemetics
Ondansetron, Cyclizine
Local anaesthetics

DRUGS TO AVOID

Diazepam
Codeine
Oxycodone
Droperidol
Vancomycin

NO HUMAN DATA

Ketamine – OK with small doses
Tramadol
Sugammadex
Dexamethasone

7. Training

7.1 All training associated with the production of this new guideline will be delivered to the Anaesthetic, Surgical, pre-assessment teams and theatre staff on their QUASH days.

8. Stakeholder Engagement and Communication

8.1 The guideline has been circulated for feedback to the Obstetric Consultants Anaesthetists and to Helen Mathews (midwife perinatal clinical governance Lead).

9. Approval and Ratification

9.1 Approval for this guideline will be sought from Theatre, Anaesthetics and Day Surgery clinical governance group and perinatal governance group.

9.2 Ratification process for this guideline will be through the divisional governance group monthly.

10. Dissemination and Implementation

10.1 This guideline will be rolled out to the target audience through the QUASH days, held bi-monthly, and embedded into working practices by following the the guideline and auditing compliance with guideline.

11. Review and Revision Arrangements

11.1 The document will be reviewed every two years by the author to maintain credibility and update changes.

11.2 Factors that may trigger a review would be that a gap has been identified in the document or new national guideline/legislation.

12. Document Control and Archiving

12.1 Uploading of this new document will be carried out by the information content manager. An archiving arrangement of documents is also with the information content manager.

13. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
This guideline will be reviewed by its author at least annually to ensure that it remains valid and in date	Compliance audit of sample of policies	Annual	Quality Governance Team	TADS clinical governance group

14. **Supporting References / Evidence Base**

1. S Reece-Stremtan, M Campos, L Kokajko and The Academy of Breastfeeding Medicine. ABM Clinical Protocol #15: Analgesia and Anaesthesia for the Breastfeeding Mother, Revised 2017. Brestfeeding Medicine 2017; 12(9):
2. TC Chu, J McCallum, MF Yii. Breastfeeding after anaesthesia: a review of the pharmacological impact on children.
3. Statement on resuming breastfeeding after anaesthesia, American Society of Anaesthesiologists.
4. LactMed database

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Eleni Syrrakou, Locum Consultant Anaesthetist
Policy: Anaesthesia and analgesia for breastfeeding mothers

Background • Who was involved in the Equality Impact Assessment
Eleni Syrrakou Helen Matthews

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity; race; sexual orientation, religion or belief; marriage and civil partnership.

It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the head of corporate governance.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

Conclusion

- Provide a summary of the overall conclusions

Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

This is a new guideline.
The guideline will be reviewed every 3 years.

APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.
Title of the document: Anaesthesia and analgesia for breast feeding mothers undergoing general anaesthesia
Policy (document) Author: Eleni Syrrakou
Executive Director:

		Yes/No/ Unsure/ NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	
	Who was engaged in a review of the document (list committees/ individuals)?		**Perinatal CG group Obstetric Consultant Anaesthetists**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Y**	
	Are local/organisational supporting documents referenced?	**NA**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?		
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	**Intranet, flowchart, QUASH days**
	Does the plan include the necessary training/support to ensure compliance?	**Y**	

		Yes/No/ Unsure/ NA	Comments
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Y**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**? I have proposed in 2 years**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	

Committee Approval (insert name of Committee)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair		**Date**	
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			