Breastfeeding after Breast Surgery

If you have had or plan to have breast surgery, including breast implants, breast augmentation or a breast reduction, you might be worried about whether you will be able to produce enough milk for your baby. Talk with a Lactation Specialist and your surgeon. Let them know your concerns. There are ways your surgeon can preserve as much of the breast tissue, nerve function and milk ducts as possible.

The most important things that affect your milk supply are:

- How your surgery was done.
- Where your cuts (*incisions*) are located.
- The reasons for your surgery.

If your milk ducts and major nerves were not cut, your milk supply may not be affected.

Women who have had incisions in the fold under the breasts or near the armpits are less likely to have problems producing milk. Women with incisions around or across the darker area around the nipple (*areola*) are more likely to have difficulties since this indicates some milk ducts were cut and nerves were possibly damaged. A loss of sensation in one or both nipples may mean there is nerve damage. This will affect the let down reflex and ultimately influence milk supply.

If you have had breast reduction surgery, it is likely to affect your ability to breastfeed. This is because sections of the breast are often removed during the procedure including milk ducts. In addition, major nerves are usually cut. If your nipple was removed during the surgery and then reattached, all milk ducts and major nerves were cut, which decreases the chance that breastfeeding will be successful. However, there are cases where the ducts and nerves have grown back together and the woman is able to breastfeed.

If surgery is done on one breast only, the mother should be able to successfully breastfeed with the other breast. The ability to express one's first milk (*colostrum*) during pregnancy is not a reliable gauge because many women who are unable to do so are able to lactate normally. If however, a woman can express colostrum, it is one indication that the breasts are functioning and are able to produce milk.

HOME CARE INSTRUCTIONS

If you are concerned about producing enough milk:

- In the early days after your baby is born, allow him to breastfeed often.
- Let your baby feed whenever you observe hunger cues and until he/she falls asleep or releases the breast.
- You will be able to tell if your baby is getting enough by counting his wet diapers and bowel movements. In the first few days after birth, 1-2 wet diapers a day are adequate. One wet diaper per day of age and three bowel movements are considered normal when your milk supply becomes more plentiful. By day 6 you should see 6-8 wet diapers and three stools per day.
- If your baby does not receive enough milk by breastfeeding alone, partial breastfeeding may be possible and can be supplemented with donated milk or formula. Discuss your options with a Lactation Specialist.
- Have your baby's weight checked by one week of age.

SEEK MEDICAL CARE IF:

- You have a hard, sore area in your breast.
- You develop a fever of 100.5 F or greater.
- You experience flu like symptoms.

Most of this information is courtesy of the La Leche League.

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