



IABLE
Institute for the Advancement
of Breastfeeding &
Lactation Education

December, 2017



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 and make sure that your baby is getting 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 the breast.** Most surgical procedures of the breast will not impact breastfeeding in any way. Breast reduction surgery is the most concerning in terms of its negative impact on milk supply.
- **Nearly all breast-reducing surgical techniques are likely to reduce the ability to make milk.** The least harmful techniques appear to be those in which the areola and nipple remain attached to the breast tissue, and the breast tissue beneath the nipple-areolar region is not removed.
- **Augmentation surgery (breast implants) appears unlikely to cause harm to milk supply,** although it may result in problems with engorgement. The size of the breasts before augmentation is also important, as the desire for augmentation may actually indicate a history of insufficient glandular tissue. Thus low milk supply may not be a reflection so much of the surgery, but rather be 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 also does not tend to impact the ability to make milk, as neither the glandular tissue nor nerves are affected.
- **Silicone implants are considered inert** and unlikely to be absorbed by the baby's digestive tract, thus they are not contraindicated for breastfeeding.
- **A surgical biopsy (not fine needle) or lumpectomy of the breast** may result in scar tissue that rarely increases the risk of breastfeeding problems such as plugged ducts, mastitis, or lower supply in that breast.

How can you increase milk production following breast reduction?

- **Use a high quality double-electric breast pump.** The pump can help you to build your supply, manage engorgement and avoid plugged ducts.
- **After your baby is born,** hand express colostrum very often in the first few days (at least every 2 to 3 hours) and as your supply increases, 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 baby is not latching/feeding well at the breast, pump for 10-15 minutes each time after your baby has attempted nursing or has been fed a different way.

- This video demonstrates maximizing milk production with hand expression: <http://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>
- **Make sure your infant's weight is followed closely during the first month, with** regular weight checks. Most clinics, including WIC, welcome weight check visits. In addition, public health nurses, mother-infant support groups, and stores specializing in breastfeeding supplies have scales to weigh babies. Babies may lose up to 7% of their birth weight in the first 4 days but should start regaining by day 4 or 5. Most babies are back to birth weight by day 10 to 14. An optimal weight gain is 1 oz a day for the first 3 months, however petite babies might gain slightly less.
- **A lactation consultant or other knowledgeable breastfeeding provider may help you assess your baby's intake at the breast by weighing your baby before and after your baby breastfeeds.** These milk transfer measurements can be tricky to interpret, since infants take different amounts of milk at different times of the day. The most reliable measure of adequate milk intake is the amount of weight gain from one day to another, such as over 3 or 5 days.
- **If your supply is low** and you must supplement with donor milk or formula, you can do this at the breast with a feeding tube or with a commercial product such as the Supplemental Nursing System (SNS) or Lact-Aid. Supplementation at the breast sometimes is easier, and for some babies, helps them maintain interest in feeding at your breast. A breastfeeding specialist can help teach you how to use this.
- You may want to contact your lactation consultant or physician to discuss the use of an herbal supplement(s) to help boost your supply. Known as **galactagogues**, many are safe with few side effects. (See our information on **Not Enough Milk**.) Certain foods may also help boost your supply. A good online source for information on food as galactagogues is mother-food.com.
- **Supplementation with donor breastmilk** rather than formula is a safe option in some communities. Please contact your local lactation consultant or breastfeeding knowledgeable provider to learn more about resources for safe donor breastmilk in your region.
- Remember, even if your milk supply is not sufficient on its own, **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 milk that your baby receives is precious and every moment a baby spends at your breast is worthwhile.**
- **For additional information,** see www.bfar.org. This web site is administered by Diana West, a lactation consultant and the author of *Defining Your Own Success: Breastfeeding After Breast Reduction Surgery*.