

Breastfeeding after Anesthesia: Giving the Greenlight

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Introduction: A common misconception is that breastfeeding patients should “pump and dump” after anesthesia. A general rule is that patients may resume breastfeeding as soon as they are awake, alert, and stable after surgery due to clinically insignificant excretion of anesthetic agents in breastmilk.^{1,2} We hypothesized that there would be an improvement in knowledge about evidence-based guidelines about breastfeeding after anesthesia after receiving concise educational materials.

Methods: A pre-survey was distributed to attendings, residents, CRNAs, and PACU nurses, consisting of multiple-choice questions asking when to resume breastfeeding after surgery and what pain medications were not recommended. A five-item Likert scale assessed confidence in giving recommendations to patients. A post-survey with identical questions was distributed the following week with a handout and a video explanation. A Fisher’s Exact Test was used to compare the percent of correct responses. Likert scale responses were compared using a two-sample t-test.

Results: There were 112 pre-survey responses and 37 post-survey responses. On pre-survey, 71% of respondents correctly identified that a breastfeeding patient should resume breastfeeding as soon as they are awake, alert, and stable after surgery. 18% of PACU nurses identified the correct answer, compared to 63% of CRNAs, 86% of attendings, and 89% of residents. This improved to 97% on post-survey ($p=0.0008$). On pre-survey, 69% identified codeine, 62% meperidine, 37% tramadol as medications that should not be given for pain control. On post-survey, 97% correctly identified meperidine, 95% codeine, and 81% tramadol. A five point Likert scale was used with 1 representing Strongly Disagree and 5 representing Strongly Agree. The mean response on pre-survey to “I feel confident providing recommendations to patients about breastfeeding after anesthesia” was 2.84 ± 1.23 and improved to 4.16 ± 0.79 , a statistically significant improvement from pre-survey to post-survey ($p<0.00005$).

Discussion: While the majority of providers were familiar with current evidenced based guidelines regarding breastfeeding after anesthesia, many were unable to identify specific medications and were not confident providing recommendations to patients. This study suggests that this brief educational intervention was effective at improving knowledge in this specific area. In particular, an area of focus for education could be the PACU nurses, as nurses are impactful in answering patient questions and concerns.

References:

1. Statement on Resuming Breastfeeding after Anesthesia. <https://www.asahq.org/standards-and-guidelines/statement-on-resuming-breastfeeding-after-anesthesia>
2. LactMed. TOXNET Toxicology Data Network. US National Library of Medicine. NIH. HMS. Bethesda, MD. Accessed at: <https://toxnet.nlm.nih.gov/cgi-bin/sis/search2>.