Breastfeeding after Breast and Nipple Surgery

Most mothers who have had breast or nipple surgery will produce some amount of breast milk. Not all mothers will produce a full milk supply. There is no way before delivery to accurately predict how much breast milk you will produce. Ducts which have been severed during surgery, over time, may grow back. The best way to know how much milk you will produce is to breastfeed early and often to optimize your success.

Many factors affect how much milk you produce including: reason for breast surgery, type of surgery performed, amount of damage to nerves and milk ducts, length of time since surgery, how frequently you nurse your baby, and your baby’s position and latch at breast.

Listed below are some steps you can take to maximize your milk production.

**Before Delivery:**

- Take a breastfeeding class or read a book about breastfeeding to understand how your breasts produce milk. There are also breastfeeding books for specific situations, such as “Defining Your Own Success: Breastfeeding after Breast Reduction” by Diana West.

- Share your medical history with the healthcare professional providing care for you.

- Know your resources for breastfeeding assistance. Board Certified Lactation consultants are available in the hospital and after you go home for assistance with breastfeeding questions and concerns.

**After Delivery:**

- Provide lots of Kangaroo Care (Skin to Skin) with your baby beginning immediately after birth (if possible) to increase your milk supply. There are many additional Kangaroo Care benefits for both mother and baby. (Refer to PI-223 Kangaroo Care (Skin to Skin).)
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- Nurse your baby as soon as possible after delivery, nurse frequently (8-12 times/24 hours), and nurse from both breasts each feeding. Breast compression and switch nursing (switching back and forth from one breast to the other breast) can be used to increase the amount of milk your baby transfers from the breast.

- Pump your breast with a hospital grade double electric breast pump for 15 minutes after daytime feedings to increase your milk supply. Some mothers may prefer to pump for 5 minutes, rest for 5 minutes, and then pump another 10 minutes. Your hospital nurse or lactation consultant will assist you with using a breast pump. Pumps can also be rented from the hospital or lactation center for use at home. Hand expression may also be helpful.

- After you are discharged from the hospital, schedule a breastfeeding consult with a lactation consultant. During a breastfeeding consult, the amount of milk your baby transfers from the breast, the baby’s weight and latch at the breast will be checked. The consultant will also answer any questions or concerns you may have.

- Keep a record of the number of feedings and baby’s output of urine and stools until baby is back to birth weight and gaining 4-7 oz. a week. Breastfed babies should have 5 or more wet and 3 or more dirty diapers every 24 hours. Let your doctor know if your baby goes 24 hours without a bowel movement.

- Schedule an appointment with your pediatrician or lactation consultant soon after your hospital discharge to have your baby’s weight checked. The Medela Baby Weigh Scale can be rented from the Lactation Center as needed for before and after feeding weights.

- For more information, ask your nurse for patient information sheet PI-162 Tips to Increase your Milk Supply, PI-174 Is My Breastfed Baby Getting Enough Breast Milk and PI-123 Pumping for Your Healthy Baby.

- Talk with your physician about using herbs or medications that may increase your milk supply.

- Attend a Mom and Baby Too support group at our Lactation Centers for continued support.
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Supplementation to Support Breastfeeding:

- Supplementation may be needed while you build your milk supply or later if your milk production is less than your baby’s caloric needs. Supplementation will give your baby the energy needed to effectively nurse from your breast.

- Signs supplementation may be needed:
  - Baby has lost 10% or more of birth weight. Your pediatrician may choose to supplement before a 10% weight loss has occurred.
  - Baby’s stool or urine output is low. Good output is a sign of good intake of breast milk. The amount of output will depend in your baby’s age, but urine should always be clear or pale yellow with no strong urine smell.
  - Baby does not appear satisfied after feedings and mother’s milk production has been checked and found to be below baby’s needs.
  - There are several methods which can be used to supplement your baby. The type of method used will depend on your baby’s age and parents’ preference.
  - Some of the methods available are: finger feeding, SNS (supplemental nursing system), cup feeding and bottles. The SNS allows your baby to go to the breast to receive the calories your baby needs, while preserving your breastfeeding relationship.
  - The early use of bottles is discouraged until breastfeeding has been well established. Work with your pediatrician and lactation consultant to determine if and how much supplementation is needed for the optimal growth and health of your baby.
  - Remember, every drop of breast milk you product is a “special gift” to your baby that only you can provide. Treasure and enjoy this special time with your baby.
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For help with breastfeeding, call:

University MacDonald Lactation Center:

    East:  440-995-3830
    West:  440-250-2035

Works Cited