

## Patient Information Leaflet for Breast Feeding After Breast Surgery

You have been given this leaflet to explore some common concerns parents may have when breast feeding following breast surgery.

### Can I breastfeed my baby after breast surgery?

Generally, women who have had breast surgery can still go on to breastfeed their babies successfully with the right support.

The success of breastfeeding largely depends upon the techniques used in the breast surgery.

### Breast Reduction Surgery

Women who have had **breast reduction surgery** may find it more challenging to breastfeed. In most cases where there has been removal of breast tissue and damage to essential nerves involved in lactation has occurred, enough functional tissue remains to allow milk production. Surgical techniques used to relocate nipples can damage nerves involved in lactation and are more likely to cause reductions in milk production.

### Breast Augmentation

Women who have had **breast augmentation** may have experienced minimal damage to milk producing tissues, since implants are often inserted behind the existing breast tissue at the chest wall. Your body heals very effectively therefore the longer ago surgery took place; the less likely there will be a disruption to breastfeeding.

It is important to consider why surgery was indicated. It may be that breast augmentation was indicated because a woman's breast development did not happen as expected during puberty. In these cases, breastfeeding issues may arise because of the underlying issue rather than the surgery itself.

### Partial or Total Mastectomy

Women who have been treated for cancer with **partial or total mastectomy** may have experienced removal of breast tissue and damage to essential nerves involved in lactation, and this may result in reduced milk production on the affected side(s). It is still possible to breastfeed successfully with careful monitoring and additional measures as required.

## What can I do?

Some women encounter challenges in establishing effective breastfeeding; however with the right support it is entirely possible to develop a close breastfeeding relationship with your baby.

Please mention any breast surgery or breast development issues to your Midwife or Doctor in the antenatal period. This will help them to understand your specific challenges and support you more effectively in overcoming them.

If you are concerned about being able to breastfeed or produce enough milk for your baby, you can begin antenatal hand expression from 37 weeks. This stimulates supply and can allow you to store colostrum before your baby is born. Your Midwife will be able to give you more advice on how to do this.

Some babies may require a feeding supplement early on in life and you can give your baby your breastmilk rather than formula if this happens.

**It is important to speak to your Midwife or Doctor urgently if you are concerned that your baby is not feeding effectively or becomes unwell.**

## Further information can be found

<https://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/can-i-breastfeed-if-im/breastfeeding-with-breast-implants/>

<https://breastfeeding.support/breast-surgery-and-breastfeeding/>

<https://breastfeeding.support/breastfeeding-with-implants/>

<https://breastfeeding.support/breast-reduction-and-breastfeeding/>

<https://www.nct.org.uk/baby-toddler/feeding/practical-tips/breastfeeding-after-breast-cancer-treatment>

<https://www.breastfeedingnetwork.org.uk/silicone-breast-implants/>

**Remember: Everyday counts, every feed counts, every drop counts.**

