

Breastfeeding after Breast Augmentation Surgery (Implants)

Can I breastfeed?

Breastfeeding after breast augmentation surgery is possible depending on the type of surgery and the original state of the breasts prior to surgery. In most cases it is still possible to breastfeed after having implants but there are some exceptions.

What are some of the potential problems?

Nipple Sensitivity: If your breasts have been surgically enlarged with silicone or saline implants, your nipples may be more or less sensitive than normal.

Exaggerated Engorgement: Once you've delivered a baby and your milk has come in, you may have exaggerated breast engorgement which can cause more intense pain, fever, and chills.

Risk for Decreased Milk Production: Most mothers are able to produce some milk after augmentation surgery. Some mothers do not have an adequate milk supply to fully nourish their baby without additional supplementation. Your pediatrician and lactation consultant can help you determine a feeding plan that is best for your baby.

Does the type of surgery I had affect my ability to breastfeed?

Your chances of breastfeeding improve if your milk duct system is intact. Implants are typically placed behind the milk glands or positioned underneath the chest muscle. Incisions made under the fold of the breast or through the armpit are less likely to cause difficulty. Incisions made around the areola can

increase the risk for problems.

Nerves are vital to breastfeeding since they trigger the brain to release prolactin and oxytocin, two hormones that affect milk production. If the nerves around the areola were cut or damaged during surgery, you have an increased risk for low milk production. You won't know the full extent of nerve damage, if any, until you try to breastfeed.

Will the silicone in my implants cause any harm while breastfeeding?

There is no evidence that silicone from silicone implants leaks into breast milk. Silicone is widely present in the environment and silicone drops are commonly used to treat infants for stomach gas, or colic.

Does the size or shape of my breasts affect my ability to breastfeed?

Insufficient glandular tissue is a significant risk factor for reduced milk production. If you had your breasts augmented because of underdeveloped (hypoplastic) breasts, your milk production may be less than what your baby needs.

Hypoplastic breasts are very narrow, lack normal fullness, and may seem swollen at the tip. Hypoplastic breasts do not grow during pregnancy, or grow very little and they may appear widely spaced, asymmetrical or tubular-shaped before augmentation. If this describes the original state of your breasts prior to augmentation, you are at increased risk for low milk production.

How will I know that my baby is getting enough at the breast?

Most newborns have a very effective feeding at the breast immediately after delivery and then sleep for several hours. As they begin waking up again, it is normal for a breastfed baby to eat frequently. After the first 24 hours, it is expected that your baby will need to eat at least every 2-3 hours.

Signs of an adequate feeding: You can determine if colostrum or breast milk is coming through the milk ducts by observing your baby on the breast. If your baby is getting milk, you will notice slow and rhythmic sucking with deep jaw movements. During the first few days when you are producing thick colostrum, it can be difficult to hear your baby swallow, but they should look satisfied after a feeding with adequate wet and dirty diapers.

Diaper counts: Approximately 3 to 5 days after delivery, your colostrum starts transitioning to breast milk. You should start to hear your baby swallow while breastfeeding. If your baby is getting enough milk at the breast, you will notice an increase in diapers with **3 or more soiled** diapers and **6 or more wet** diapers per day. Your baby's stools should also begin changing from the thick, black meconium stools to seedy, yellow stools.

Weight loss: Many babies lose 7 to 10% of their birth weight in the first 2-4 days of life. As your milk starts coming in, your baby should start gaining weight. After the initial weight loss, your baby's weight will offer an ongoing indication of your milk production.

Will my baby need to be supplemented with formula?

This decision should be made by your pediatrician, so it's very important to let them know about your surgery so they can keep a close eye on your baby's weight.

If you are only able to produce a portion of the breast milk your baby needs, you will have to supplement with additional formula. But remember, your baby will benefit from any amount of breast milk you produce. You can talk to your lactation consultant about options for increasing milk production as well.

Additional resources:

Breastfeeding after Breast and Nipple Surgeries, Information and Support:

www.bfar.org

www.lowmilksupply.org

References:

Berlin CM Jr. Silicone breast implants and breastfeeding. *Pediatrics*.1994; 94:547- 549

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