

Breastfeeding after Breast Reduction Surgery

Can I breastfeed?

Breastfeeding after breast reduction surgery is possible, depending on the way the surgery was performed. If the surgeon was careful to preserve the nerves and the milk duct system, your chances for breastfeeding success are higher.

What are some of the potential problems?

- **Nipple Sensitivity**

Your nipples may be more or less sensitive than normal. When the nerves are not functioning properly, it can be more difficult to express milk. Talk to your lactation consultant about techniques to increase milk release.

- **Risk for Decreased Milk Production**

Most mothers are able to produce some milk after breast reduction 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. 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.

What steps can I take to increase my milk supply after delivery?

- **Feed your baby at the breast early and often.**

Attempt to feed your baby at the breast as soon as possible after birth, preferably in the first hour of life. Continue to breastfeed your baby as often as possible when they are awake and demonstrating hunger cues: thrusting tongue, licking lips, bringing hands to the mouth, rooting.

- **Remove as much milk as possible.**

The first 2 weeks postpartum are a “critical” time in lactation. The more milk you remove during this time, the more milk-making capacity your breasts will have. Frequent feedings at the breast will provide excellent stimulation to increase your milk-making capacity

- **Consider using a breast pump**

If your baby is not able to latch effectively at least every 2-3 hours and maintain a vigorous feeding for at least 15-20 minutes, then it is vital that you use a double electric breast pump to provide the additional stimulation your body needs to make milk.

- **Avoid pacifiers**

Your baby is designed to eat frequently. If your baby is showing any signs of hunger, it is important to respond to those cues by offering the breast instead of a pacifier. This is especially important during the first 2 weeks when your milk supply is being established.

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.

Engorgement: When your milk starts coming in, your breasts will become firm, and you may have some engorgement. If you develop some hard lumps that do not soften after the baby has fed, it may be due to areas of glandular tissue that are not connected to the nipple ducts. These areas of the breast should gradually stop making milk and return to normal in a few days.

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.

Where can I learn more?

Breastfeeding after Breast and Nipple Surgeries, Information and Support:

www.bfar.org

www.lowmilksupply.org

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