

FACTSHEET

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Your baby, breastfeeding and cardiac surgery: Information for breastfeeding mothers



Cardiac surgery is a significant event that could impact your milk supply as well as your baby's ability to breastfeed before and after surgery. Whether or not to breastfeed is an individual choice, but generally breast milk is important not only for nutrition, but also the comfort and protection it provides your baby, this is especially important during their stay in hospital.

The information below provides a guide to some of the issues that may be experienced by breast feeding babies and their mothers during their cardiac surgery admission. These issues may be stressful and difficult to overcome. The cardiac team, in conjunction with the Children's Hospital at Westmead (CHW) Lactation Consultants and the Child and Family Health Clinical Nurse Consultant (CNC), are here to help and support you through this process. Breastfeeding remains a personal decision and the team will support you in whatever feeding decision you feel is best for your situation.

Your breast milk supply:

There are many factors that may affect your milk supply and ability to breastfeed during your baby's cardiac surgery admission. Some of these include:

- Baby fasting pre-surgery and fluid restricted post-surgery
- Not expressing enough. Often mothers find it difficult to dedicate time to expressing when their baby is in hospital. It is, however, very important to express regularly and to empty the breast when expressing so as to maintain milk supply. Not doing so will lead to a decrease in supply
- Not enough time skin-to-skin at breast for baby while recovering from surgery
- Maternal anxiety and stress, lack of sleep, poor nutrition (not eating and drinking enough) before during and after your baby's surgery. It is very important that you look after yourself as well as your baby before and after surgery.

Things that can help:

There are a few things you can do to ensure that your milk supply does not reduce for the short time your baby cannot breastfeed:

- When possible, spend time with your baby skin-to-skin for cuddles before expressing
- Smell clothes baby has worn and/or record and listen to them crying. These can stimulate milk production and letdown (milk flow). A shoulder massage, slow and deep breathing, gentle breast massage or a warm cloth applied to the breast prior to expressing can assist with letdown

- It is important to try to remain relaxed during expressing as stress can impede the flow of milk
- Ensure you look after yourself with adequate rest food and fluids and gentle exercise (walking etc.).

Expressing:

- It is useful to learn hand-expressing. This is good to know before coming to hospital, as you may not always have a breast pump handy. The Australian Breastfeeding Association (ABA) has information to assist with learning this skill. A breastfeeding nurse or lactation consultant can show you how to hand-express as well as provide you with a booklet or video to assist with learning this skill
- It is recommended that you practice hand-expressing at home before coming to hospital if you do not have a breast pump
- Breast pumps and equipment, sterile bottles and labels are available on all wards including Grace Centre for Newborn Care and Edgar Stephen Ward. If your baby is in the Paediatric Intensive Care Unit equipment and lactation support will be available through Grace Centre for Newborn Care, just next door
- Double pumping can be useful but must be done for at least 30 minutes. Single pumping with gentle breast massage toward the nipple while expressing has been found to be as effective in milk removal
- Nursing and lactation staff can provide you with the equipment necessary for expressing and will show you how to use the pump and equipment if required
- You are also welcome to bring your own pump that can be placed by your baby's bedside if you prefer. These pumps will need to be checked by our Biomedical Department to ensure they are safe for use in the hospital environment. Please inform the nursing staff if you intend to use your own pump
- Staff can also show you how to label and where to store your expressed breast milk, and direct you as to whether it needs to be refrigerated or frozen
- You should aim to express as regularly as your baby would normally feed to ensure that you can provide enough milk once normal feeding resumes
- Sleeping through the night instead of expressing (if your baby has been previously waking for feeds through the night) could reduce the amount of milk you make overnight. Expressing at least every four hours overnight will help decrease the likelihood of a significant drop in supply, especially if baby is less than six weeks old and supply is still being established.

Breast milk storage whilst in hospital:

- At CHW breast milk needs to be stored in the specific breast milk/ formula fridge or freezer
- Breast milk can stay in the fridge for 48 hours
- If it is not required within that time it should be frozen, and can be stored for up to 3 months
- Defrosting is best done in the fridge
- To warm breast milk prior to feeding, place bottle in lukewarm water
- Speak to your nurse for more information regarding the storage and warming of breast milk

Your baby's ability to breastfeed

Your baby may not be able to breastfeed fully for some time after surgery while they are recovering. Below are a few factors that could affect your baby's ability to breastfeed immediately after surgery. Please note, not all of the factors listed below will affect your baby.

Fluid restriction:

- After surgery, the quantity of fluids your baby can consume may need to be restricted. This is to give the baby's heart some time to recover
- The cardiac team will let you know how much your baby can have each day, increasing the amount until normal feeds are allowed and baby can breastfeed
- Initially your baby can be fed through a nasogastric (NG) tube. This will be in place when your baby comes out of surgery and does not hurt, but may feel a little uncomfortable until it is removed. This method of feeding is usually only temporary until the team is happy for your baby to have "free fluids" (unlimited amounts and time feeding at the breast)
- Bottle feeds will only be offered if you are happy for this to happen, as offering bottles to babies before recommencing breastfeeds could confuse them, (especially if they've never had one before) and cause refusal of the breast. Please let staff know if you do not want bottles to be offered
- Once baby is ready for full feeds you can start trying short periods at the breast with NG tube "top ups", gradually increasing to full feeds once the team is happy and your baby takes full breastfeeds.

Oxygen through nasal prongs:

- Some, but not all, babies require oxygen after surgery. A picture of this will be available at preadmission should you like to see what this looks like
- Nasal prongs may be in place after your child comes out of intensive care as they may need support to

maintain their oxygen levels. These can feel uncomfortable for some babies and they may fuss a little during feeds while these are in place

- Many breastfed babies feed much better once these are removed. The team will guide you as to when this can happen.

Ventilation:

- Your baby will be sedated whilst ventilated in intensive care. Your baby will be unable to breastfeed at this stage
- See the expressing section for information on expressing during this time.

Pain relief:

- The team wishes for your baby to be as comfortable as possible after cardiac surgery
- Intravenous medicines, such as Morphine or Fentanyl, are used post-operatively for pain
- These medicines can sometimes make your baby sleepy or uncoordinated when breastfeeding
- These medicines will be given for a short period until the pain can be relieved with oral medications

Bottle feeding

- Bottle feeding can sometimes confuse a breastfed baby (especially newborn or young babies who have not yet established breastfeeding fully) and could interfere with their desire to breastfeed later
- You may not wish your baby to have a bottle if they have only ever been breastfed. Please let the team know if you would prefer that your baby is not fed by bottle
- An NG tube can continue to be used until you baby is feeding well if this is what you prefer.

Latching, attachment and oral aversion:

- Sometimes when a baby has had a lot of negative experiences in their mouth/nose, such as suctioning or tube insertions, babies can develop what we call an oral aversion, not liking anything near their nose or mouth (or sometimes both)
- Once your baby can breastfeed again it is important for you to let us know of any changes with your baby's ability or desire to breastfeed. These changes could include:
 - Not able to stay on the breast (not able to maintain the usual attachment)
 - Poor sucking (cheeks sucking in or weak suck)
 - Chomping or biting down on breast
 - Pushing away from you, not wanting to feed (this could be related to pain or discomfort as well)
 - Coughing or difficulty swallowing
- If you notice any changes in their sucking, swallowing and breathing patterns, please ask the nurse to contact

a Lactation Consultant. If required, a Speech Pathologist may be involved to assist with overcoming the oral aversion.

The first breastfeed post cardiac surgery:

- Once you are told you can breastfeed your baby again, ensure they have pain relief half an hour beforehand.
- Your baby may have a wound down the middle of their chest (sternotomy) or around the side of their ribs (thoracotomy)
- They may have other tubes from their abdomen (drains), and IV lines on their arms or legs or in their neck. All of these may make your baby feel uncomfortable and may create stress for both of you during the first breastfeed.
- Ask staff to help you to get into a comfortable position to feed your baby to make this less stressful for both of you
- Take your time: If your baby is uncomfortable this may shorten the time they spend at the breast. Comfort them if they are crying before offering a feed
- Skin-to-skin cuddles are important for comfort, encouraging lactation and bonding, so well before baby is really hungry, try skin-to-skin cuddles to help them be more relaxed for the start of the feed.
- Allow baby to reach for the breast so they are leading the feed. If baby fusses, looks unhappy or only feeds for a short while ask the nurses to give the baby the rest of the feed through the NG tube so you can express.
- If your baby doesn't look comfortable try not to continue for too long, as this could make that first feed an unhappy experience for both you and your baby which may lead to your baby refusing the breast next time
- Remember crying is a late stage of hunger and could cause discomfort for your baby. If you are unsure of feeding cues (new baby) a lactation consultant can help explain these.

Helpful resources:

For more information, speak to your bedside nurse or ask to speak to a Lactation Consultant. You can also visit the ABA website at: www.breastfeeding.asn.au or call the breastfeeding helpline 1800 686 2686