

Lactation and Anesthesia Care Plan



Infant Risk Center
AT TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Creating a care plan can help you maintain your milk supply and avoid mastitis after a procedure with anesthesia. You can fill in the fields below and share this plan with your care provider. This will help guide discussion with your care team about what equipment you might need, what equipment is available, and visitor policies.

Goals

What are your goals for lactation around the time of your procedure? *Select all that apply.*

- Feed baby directly as much as possible
- Express milk with a breast pump as much as possible
- Maintain your milk supply for continued breastfeeding after surgery
- Prevent mastitis
- Other _____

Feeding Your Baby

How old is your child? _____ years _____ months

Does your child have any health problems and/or were they born prematurely?

- No
- Yes (*please describe*) _____

How do you currently feed your child? *Select all that apply.*

- Direct feeding
- Pumping
- Supplement with formula
- Supplement with stored breast milk or donor breast milk

How often do you currently feed your child? Every _____ hours.

What is the longest time you go between feedings or pumping? _____ hours

Where are you planning for the child to be located during your procedure? *Select one.*

- In the hospital or clinic with separate care provider
- In town with some visits to hospital or clinic for feeding
- Not planning on bringing child to hospital or clinic before or after procedure

Do you have a history of mastitis, breast abscess, or other breastfeeding complications?

- No
- Yes (*please describe*) _____

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Using a Breast Pump

Have you ever used a breast pump?

- No
 Yes

If you have a breast pump, we recommend that you bring it to the hospital with you even if you are planning to feed directly. Some hospitals and clinics may be able to provide a hospital grade pump.

Your Procedure

Planned operation or procedure: _____

Is your procedure?

- Inpatient
 Outpatient

Estimated start time: _____

Estimated time away from infant or ability to pump: _____ hours

You can ask your care team to help you estimate this (transport and anesthesia time + procedure time).

Are you interested in intraoperative pumping if operation lasts significantly longer than your usual pumping or feeding interval?

- No
 Yes

If you need to stay in the hospital overnight or for multiple nights after your procedure, what are your goals for feeding your infant? *Select one.*

- Rooming-in in the hospital or clinic with separate care provider for child
 Child in town with some visits to the hospital or clinic for feeding or transporting milk to baby
 Not planning on bringing infant to hospital or clinic before or after procedure but would like to save milk for later feeding
 Only interested in pumping to prevent mastitis and/or protect supply with no plans to give milk to child
 Other _____

Does your care team expect you to need new prescriptions after your procedure?

- No
 Yes

Discuss these in advance with your care team when possible so that medications that are safe to use while breastfeeding can be selected if possible and be in line with your goal.