

Will the breast surgery I had in the past prevent me from being able to breastfeed my baby?

Any type of breast surgery or breast injury **may** affect a woman's ability to breastfeed. The length of time since the surgery, previous lactation experiences, her support system and numerous other variables are all factors in a woman's ability to produce milk. No matter if the surgery was to augment or reduce breast size, remove a lump or for some other reason, the main concern is whether or not milk ducts and major nerves were cut or damaged.

If only one breast was affected by the surgery or injury, breastfeeding may be unaffected, as many women are able to produce adequate milk for their babies by breastfeeding only on one breast. (Women who had breast reduction surgery because of unequal breast development may not be able to breastfeed.) The same considerations exist when the breast has been injured. Nerve damage or damaged milk ducts can be the result of breast injury. If the nipples and areolas have been injured, the ability to breastfeed depends on how well milk can flow through them.

It's important to learn as much as possible about the normal course of breastfeeding, preferably before the baby arrives. Preparing for breastfeeding and being aware of the signs that baby is getting enough milk are especially important for mothers who have experienced breast reduction surgery. LLLI has recently published a book called *Defining Your Own Success: Breastfeeding after Breast Reduction Surgery*, by Diana West, which can be ordered through from the [LLLI Online Store](#). It is a wonderful resource.

Every mother should know the signs that indicate her baby is receiving enough milk:

- The baby nurses frequently averaging at least 8-12 feedings per 24-hour period.
- The mother should listen to be sure she can hear the baby swallow as he/she is breastfeeding.
- The baby will have, after the third day of life, 6-8 very wet cloth diapers or 5-6 wet disposable diapers as well as 2-5 bowel movements per day.
- The baby should gain at least 4-7 ounces per week after the fourth day of life.
- The baby will be alert and active, appear healthy, have good color, firm skin, and will be growing in length and head circumference.

It is important to breastfeed frequently, whenever the baby is hungry. It is not recommended to feed the baby on a set schedule. Both breasts should be offered at each feeding and the baby should be allowed to nurse until he/she shows signs of being satisfied. In the event the baby is not gaining well, is losing weight, or is lethargic, immediately contact your baby's health care provider. Do not wait.

Remember that breastfeeding is more than just producing food for your baby. Mothers who, for whatever reason, are unable to fully nourish their babies by breastfeeding often choose to breastfeed and offer supplements as needed. Supplementation can be given **while** the baby is nursing with the aid of a nursing supplementer such as the Supplemental Nursing System or the Lact-Aid.

The physical act of breastfeeding is more than the quantity of milk that is supplied, as you will find once you hold your baby in your arms. Breastfeeding is warmth, nutrition, and mother's love all rolled into one. Understanding and appreciating the signs of knowing when your baby is getting enough to eat is the one of the most important things a new mother can learn, whether the mother has had breast surgery or not. If you have any concerns after your baby is born, they should be addressed with your health care practitioner.