

Breastfeeding Information

You and your breastfed baby ([/bf-info/you-and-your-breastfed-baby](#))
When breastfeeding does not work out ([/bf-info/when-breastfeeding-does-not-work-out](#))

Weaning and introducing solids ([/bf-info/weaning-and-introducing-solids](#))

Videos ([/bf-info/videos](#))

Special situations ([/bf-info/special-situations](#))

Sleep ([/bf-info/sleep](#))

Breastfeeding resources in other languages ([/bf-info/other-languages](#))

Breastfeeding information from other organisations ([/bf-info/breastfeeding-information-other-organisations](#))

Breastfeeding and work ([/bf-info/breastfeeding-and-work](#))

Breastfeeding and the law ([/bf-info/breastfeeding-and-law](#))

Common concerns – baby ([/bf-info/common-concerns%E2%80%93baby](#))

Common concerns – mum ([/bf-info/common-concerns%E2%80%93mum](#))

Is this safe when breastfeeding? ([/bf-info/safe-when-breastfeeding](#))

General breastfeeding information ([/bf-info/general-breastfeeding-information](#))

Expressing and storing breastmilk ([/bf-info/expressing-and-storing-breastmilk](#))

Early days ([/bf-info/early-days](#))

Before your baby arrives ([/bf-info/your-baby-arrives](#))

Breastfeeding and hospitalisation

Introduction

When a mother or her child needs hospital care, it is natural for her to worry whether breastfeeding will be affected. She may have questions about breastfeeding, expressing milk and sometimes even weaning. Mostly it is possible and better to keep going.

Before admission

Whether it is you, your baby or your older child who needs to go to hospital, tell your doctor that you are breastfeeding. Ask that you and your baby be kept together whenever possible. Hospital policies generally try to protect the breastfeeding relationship. However, staff may need special permission if normal procedures need to be changed. Unless the matter is urgent, it pays to take the time beforehand to negotiate a care plan that minimises any disruption to breastfeeding.

Make sure nursing staff also know you are breastfeeding. It should be recorded on the treatment form, for when shifts change. If you need to, record it yourself when you sign the form.

Going to hospital is often stressful and exhausting. Your baby may not feed as well or as often as usual. Less milk is then removed which can lower your supply. If you have time to plan ahead, express and freeze some extra feeds. This will be a useful backup if your supply drops temporarily or if you cannot feed for any reason (eg you or baby are too ill or while you are in surgery). Most mothers find that even if their supply does drop while they are in hospital, it soon builds up again when they are home and feeding normally.

Timing

You may be able to choose when to go to hospital or have surgery. Sometimes it is easier when a baby is older and can be cared for away from the hospital, at least during the day. Many minor operations can be done as day surgery.

Costs

Health department policies include allowances for mothers and breastfed babies to stay together in public hospitals. Private hospital charges vary. It is wise to find out early how much you will need to pay. Check what costs are covered by your health fund, especially if a private room is needed to admit your baby with you.

The accommodation and facilities available depend on the individual hospital or ward. There may be rooms set aside or just a folding bed or a recliner, either in the ward or nearby. Check if meals are provided or can be bought cheaply from a canteen or from the staff dining room. Is there family accommodation nearby?

People living in isolated rural areas may have some travel and accommodation costs reimbursed by government schemes to assist isolated families. Ask local departments of health or human services or a social worker at your hospital about the assistance available in your state or territory.

What will you need to provide?

Unless it is the baby who is the patient, you will probably need to supply everything he needs, including a pram or portable cot for sleeping. Take your breast pump, if you have one, along with milk containers, wipes and a hand towel. Breast pumps ([/view/hire-breast-pump](#)) can be hired from some ABA groups.

Those left at home

You will probably find it easier if you know the situation at home is under control. Enlist help from friends and family. They may be able to care for your other children, collect them from school and provide some meals. Looking after your well children in a hospital setting while only one child is ill can be difficult and exhausting. The change in surroundings and routine can sometimes unsettle an older baby or toddler more than a partial separation from his mother. A baby who normally has three to four feeds a day and readily takes solids and other fluids, may be able to manage on fewer breastfeeds a day while you are in hospital.

Talk to your children about what is happening. Think of ways to help them keep in touch: visiting, phone calls or Skype, making a card or special gift. Ask your partner, a family member or friend to take over from you at the hospital, while you spend what time you can with each of your children, either at home or in the hospital grounds.

When your breastfed baby or toddler is hospitalised

Doctors and hospitals now accept that a baby or child in hospital needs to be with his mother, especially when they are breastfed. Your breast is a familiar and secure place. Breastfeeding will help him cope better with any pain or discomfort from hospital procedures.

Antibodies and other factors in your breastmilk will aid your baby's recovery. It provides excellent nutrition and is easy for a sick baby to digest.

When an operation is needed

Looking for breastfeeding information & support

Breastfeeding Helpline
1800 mum 2 mum

1800 686 268

([/breastfeeding-helpline](#))



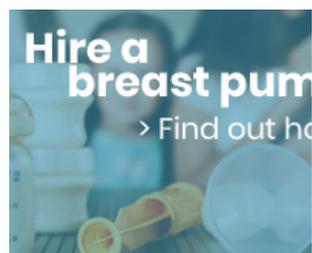
(<https://shop.breastfeeding.asn.au/s>)



([/donate](#))



([/membership/individual](#))



([/services/pumphire](#))

Find related items

- You and your breastfed baby ([/bf-info/you-and-your-breastfed-t](#))
- Special situations ([/bf-info/sp](#) special situations)

All content of type BFINfo ([/content-listing/bfi](#))

A baby normally needs to fast for several hours before surgery because vomiting under a general anaesthetic is dangerous. Sometimes the fasting time can be shortened if the baby's only food is breastmilk. Discuss this with your doctor.

Fasting times ([/bf-info/safe-when-breastfeeding/breastfeeding-and-anaesthesia](#)) for breastfed babies having routine surgery are usually 2½–4 hours. Most mothers find it easier if surgery is done as early as possible in the morning, preferably after fasting at home. Wherever you are, it may be easier if your partner cares for her, while you stay out of sight. Fasting can be stressful if your baby is used to sleeping with you, waking and feeding frequently during the night.

Check if you can be with your baby in recovery and how soon you can breastfeed her. Toddlers coming out of an anaesthetic are often disorientated and fretful. A breastfeed can be calming and soothing.

Some babies don't want to feed for a while after surgery. Tell medical staff so that they can make sure that she has enough fluids. Express to keep yourself comfortable and maintain your supply until she is ready to breastfeed again. If you need it, ask the nursing staff for somewhere private to express.

If your child has a drip or his treatment restricts movement, you may have to try different or unusual feeding positions. Ask the nursing staff to help you position him so that you can breastfeed without disturbing dressings or equipment. Breastfeeding can be the best way to keep older babies or toddlers calm and still and may reduce his need for sedatives.

If your baby is in isolation, ask the nursing staff to show you the procedures you need to follow so that you can stay with him.

If leaving baby

If you cannot stay with your baby all the time, you will need to leave some expressed breastmilk ([/bf-info/breastfeeding-and-work/expressing-and-storing-breastmilk](#)) for staff to feed to him when you are not there. If he has not had milk from a bottle before, you may like to ask for him to be fed your expressed breastmilk (EBM) by cup ([/bfinfo/cup-feeding](#)). This helps avoid possible nipple confusion, sometimes caused by the different type of sucking needed for breast and bottle.

Older hospitalised child and a breastfed baby

What do you do if you want to stay with your sick child and you have a breastfed baby? This depends on the needs of your hospitalised child and the amount of time you need to spend there. Each situation is different.

Very young babies can usually be carried in a sling or kept close to you in a pram. If there is room, older, more mobile babies may be happy in a portable cot for both sleep and play. If you can, take regular breaks. Go for a walk or have a relative or friend look after him for part of the day or between feeds. Even if there is a play space in the ward, your sick child will probably want you close by.

When you are breastfeeding twins and one is hospitalised, your doctor might agree to have the other admitted as well, or arrange for you to keep both babies with you.

When the breastfeeding mother is hospitalised

If a breastfeeding mother herself has to be hospitalised, she is likely to have an extra worry — will she be able to keep breastfeeding?

In almost all cases it is possible and better to continue. Sudden weaning can be very distressing for both mother and baby. It puts the mother at risk of engorgement and mastitis, while some babies are so upset that they cry for long periods and may refuse bottles or other food.

If you are having surgery, tell your anaesthetist, as well as your surgeon, that you will need to breastfeed just before surgery and as soon as possible afterwards.

After a general anaesthetic, many people feel 'woozy' and maybe even nauseous. You will need to arrange for someone to be with you and your baby for at least 24 hours after day surgery to help with breastfeeds and care for you and your baby. Co-sleeping ([/bfinfo/breastfeeding-co-sleeping-and-sudden-unexpected-deaths-infancy](#)) while taking medications that make you sleepy is dangerous and inadvisable.

If you are too ill to have your baby with you or the hospital doesn't allow it, ask staff or your partner to help you express your breasts regularly. Have your baby brought in for visits and breastfeeds as often as possible.

A short-term drop in milk supply ([/bf-info/common-concerns%E2%80%93mum/supply](#)) is a natural response to the stress of illness or surgery. Mostly, however, the supply returns to normal quickly. Either in hospital or after discharge, more frequent feeds and plenty of rest will, in a few days, build your supply to meet your baby's needs. In fact, even if you have had to wean temporarily, it is possible to start breastfeeding again ([/bfinfo/relactation-and-adoptive-breastfeeding](#)).

Drugs

Most drugs enter breastmilk but in amounts that rarely cause mothers to stop breastfeeding altogether. Discuss all prescribed medications ([/bfinfo/drugs.html](#)) fully with a health professional to ensure they are safe while breastfeeding.

Going home

Expect it to take time to get back to normal after you go home. Your children may be unsettled and 'clingy' or they may be angry and have tantrums. They may need extra reassurance and more cuddles and breastfeeds than usual. You may feel very tired.

Take seriously your doctor's advice about restrictions and rest. The less you do, the faster you will recover. Ask your partner, family or friends to help with lifting, cleaning and meal preparation. Breastfeeding provides a wonderful opportunity to sit or lie down and relax while you are recovering.

There may be community support services that can help you. If you have young children and a serious illness, hospitalisation or a lengthy recovery time, you may need extra child care or a paid nanny. Special Child Care Benefit may be payable on a short-term basis in these circumstances. Ask your child care provider.

Finally

If you have questions about breastfeeding when you are in hospital or afterwards, help is only a telephone call (/breastfeeding-helpline) away. ABA counsellors can offer the information, support and encouragement you need to keep going, as well as reassurance that a good supply of milk can be built up again.

At the end of their hospital experience, some mothers give feedback to the hospital in the form of constructive criticism or positive comments. This may help other families with a breastfeeding mother or baby in hospital.

© Australian Breastfeeding Association June 2014

The information on this website does not replace advice from your health care providers.

Last reviewed: Apr 2017

Like 48

Tweet

[Link to us \(/linkinfo\)](#) [Copyright \(/copyright\)](#) [Privacy Policy \(/policy/privacy\)](#) [Contact Us \(/contact\)](#) [Social Media \(https://www.breastfeeding.asn.au/socialmedia\)](https://www.breastfeeding.asn.au/socialmedia)
Website and CRM configured and maintained by Fuzion Aotearoa Ltd (<http://fuzion.co.nz>) using open source solutions: Drupal (<http://drupal.org>) and CiviCRM (<http://civicrm.org>)

ABN: 64005081523 **RTO:** 21659

The Australian Breastfeeding Association receives funding from the Australian Government.
