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## Local anaesthetics and Breastfeeding

*The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.*

Breastfeeding can continue as normal following a local anaesthetic.

Local anaesthetics work to produce a reversible loss of sensation by preventing the conduction of nerve impulses near to the site of injection or application. The response is restricted to this very local area.

Lidocaine, the most common agent, can be administered intravenously, orally, and topically to produce a local anaesthetic effect. The oral bioavailability of lidocaine is very poor, only 35% so any passing into breastmilk would not be absorbed from the infant's gut. Only small quantities are used for dental anaesthesia or for other minor surgical procedures e.g. removal of moles, sutures, removal of ingrowing toenails etc.

Local anaesthetics vary in potency, speed of onset and duration of action e.g. oxybuprocaine, mepivacaine, procaine, benzocaine. All can be used without interrupting breastfeeding.

The topical application of lidocaine preparations to the nipple to relieve is not recommended and could be harmful.

### Bibliography

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**To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212**

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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