



Serious Illnesses and Breastfeeding

For some new mothers, concerns about breastfeeding revolve less around their babies' physical condition than their own. Since some infectious diseases can be passed on to the baby through human milk, you will certainly want to discuss your medical history with your doctor and your baby's pediatrician.



HIV

The American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC) advise mothers in the United States who are infected with HIV not to breastfeed, since the virus may be passed in the breast milk to their infant. They may, however, feed their babies pasteurized donor human milk if available.

Hepatitis B

Hepatitis B virus has been detected in human milk, but breastfeeding has not been shown to increase the risk of infection to the baby. If you have Hepatitis B infection, there is no need to delay starting breastfeeding until your infant is immunized against hepatitis B.

If you are infected with hepatitis B, your baby should receive the vaccination for hepatitis B—along with hepatitis B immune globulin (HBIG)—as soon as possible after birth. Giving these two injections soon after delivery is highly effective in preventing the spread of hepatitis B from mother to infant. In fact, the hepatitis B vaccine is recommended for all babies, whether their mother is infected with hepatitis B or not.

Hepatitis C

Mothers who have can safely breastfeed. Though an infant can be infected with hepatitis C during pregnancy or delivery, breastfed infants do not have higher rates of hepatitis C than formula-fed infants. Breastfeeding may even help prevent the spread of hepatitis C from mother to the baby, by providing antibodies passed to the baby through the breast milk. If you are infected with hepatitis C and have cracked or bleeding nipples, however, you may want to hold off on breastfeeding (and discard pumped milk) until the nipple heals.

Tuberculosis

If you have tuberculosis (TB), you may breastfeed if you are currently taking medication. Mothers with untreated TB at the time of delivery should not breastfeed or be in direct contact with their newborn until they have started appropriate drug treatment and they are no longer infectious.

In most cases, you can safely breastfeed after you have been taking antibiotics for about two weeks and have been told by your doctor that you are no longer infectious. You should begin pumping soon after delivery, and your pumped milk may be fed to your infant by your partner, a nurse, or another caregiver until you can breastfeed directly. If you have had a positive TB skin test but a normal chest X-ray, talk to your doctor to see if you need to be treated with any medication, but you can breastfeed in this case.

Other infections

Types of infections need to be evaluated by your obstetrician, pediatrician, or family physician, but few will prevent breastfeeding. This is true even when the infection or inflammation involves the breast itself—as in the case of mastitis, an infection of a section of the breast. This condition is typically treated with antibiotics, frequent

breastfeeding, and/or expression of milk with a pump, adequate fluids, pain medication, and rest.

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If you are temporarily unable to breastfeed because of a severe illness or while taking certain medications, keep up your milk supply by expressing milk. You can do this by hand, with a manual breast pump, or with an electric pump. By using a pump to maintain your milk production, you can ensure an ongoing breastfeeding relationship with your child after you recover and for a long time to come.

Cancer

If you have been diagnosed with breast cancer in the past and have been treated for it, you may be concerned about the effects of breastfeeding on you and your baby. Previous breast cancer does not mean that you cannot breastfeed your baby. If you have had a mastectomy, you can feed from the remaining breast. If you have had a tumor removed from your breast or radiation treatments, you can still try feeding from that breast. You may find that your milk production is less, however. Always discuss your breastfeeding options with your physician.

Breast surgery

In the past, there have been concerns about the safety of breastfeeding after breast enlargement with breast implants. But there is no evidence that silicone breast implants cause any harm to the baby, and the newer saline (saltwater-filled) implant devices do not cause any problems, either. In most cases, plastic surgery to enlarge the breasts should not interfere significantly with your ability to breastfeed provided the nipples have not been moved and no milk ducts have been cut.

In certain cases of breast enlargement, the women had underdeveloped breast tissue, which was the reason for the procedure. In these cases, the relative lack of breast gland tissue may interfere with the production of enough breast milk. With any previous breast surgery, the baby will need to be monitored carefully to make sure that they are getting enough milk.

Surgery to reduce the size of breasts (breast reduction) is more likely to interfere with breastfeeding. This is especially the case if the nipples were repositioned during the surgery—resulting in the total cutting of milk ducts or nerves. Some women who have had this type of breast surgery are able to breastfeed, though.

With more recent surgical procedures, and with surgeons paying attention to the woman's desire to breastfeed in the future, it is more likely that breastfeeding, or at least partial breastfeeding, will be successful. Any woman who has had reduction surgery on her breasts, however, should be sure that her baby's weight gain and feeding are closely supervised by her infant's healthcare provider in the days and weeks after birth.

If you have had any surgical procedure on your breast, even a biopsy, make sure that your baby's doctor knows this. By all means begin breastfeeding, making sure that your pediatrician or family physician closely monitors your infant to be certain that they are getting enough breast milk.

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