Medications while breastfeeding
Drugs for anxiety, depression, pain, anesthesia, dental work, diagnostic tests, vaccines and miscellaneous

General considerations while breastfeeding
If mom must take medications while breastfeeding, seek information from a reliable source before weaning or throwing breastmilk away. It is best to avoid taking medications, but most drugs are considered very safe while breastfeeding. There are a few which are dangerous for the baby and many drugs have not been studied in this regard. When making a decision, weigh the benefits of breastfeeding against the risks of the drug harming the baby.

These questions need answered when considering drugs:

1. Does mom really need the drug?
2. Is mom taking more than one drug which may add up to more problems for baby.
   Be sure to factor in the additive effects of caffeine, nicotine and herbals.
3. Is the baby very young, premature or have health problems?
   --You will need expert advice to answer the remaining questions.--
4. Will the drug decrease the milk supply?
5. How much of the drug will get into the breastmilk, into the baby's stomach, and then into the baby's blood stream?
6. What are the possible side effects for the breastfed baby?

Your healthcare provider can help you find answers to these questions.

LactMed @ NIH is free on-line source which anyone can search for information on almost every drug available. It includes up-to-date information to answer these questions and even lists alternative drugs to consider. Common herbal products are also included.

The InfantRisk Center, based at Texas Tech University Health Sciences Center is an online source that provides information and a phone number you can call for research based information.

This document will review several drugs, but always check a reliable source for the most up-to-date information. Research is ongoing.

Anesthesia and sedation for surgery, dental procedures and other minor procedures while breastfeeding
Mothers are often told to “pump and dump” for a period of time after a procedure.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Don’t pump and dump</th>
<th>Pump and dump</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidocaine shots</td>
<td>Lidocaine injections for numbing an area for dental or other minor procedures are compatible with breastfeeding.</td>
<td>If given large doses of lidocaine/xylocaïne or lignocaine, pump and dump for 12-24 hours.</td>
</tr>
<tr>
<td>General anesthesia</td>
<td>If baby is healthy and term or older, resume nursing when awake, stable and alert. Normal mentation means the drugs are cleared from your blood and thus from your milk.</td>
<td>If baby is a premature newborn, has breathing issues, low blood pressure, or poor muscle tone, pump and dump for 12-24 hours.</td>
</tr>
<tr>
<td>A single dose of drug for sedation</td>
<td>Fentanyl and midazolam (Versed) are preferred (short acting).</td>
<td>Versed: AAP recommends pump and dump for 4 hours if less than 2 months old.</td>
</tr>
<tr>
<td></td>
<td>A single dose of diazepam (Valium) is unlikely to be a problem (longer acting).</td>
<td>Valium: AAP recommends pump and dump for 6-8 hours.</td>
</tr>
</tbody>
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Pain Control for Breastfeeding Mothers after Discharge to Home

Breastfeeding is more successful when pain is adequately treated. Pain can be severe after a c-section or severe perineal trauma. Pain control helps milk let-down for feedings, but you must balance adequate pain control with the risk of making baby too sleepy to nurse well from narcotics that you take.

Generally, moms take ibuprofen (Advil, Motrin), and sometimes acetaminophen (Tylenol), on a regular schedule for baseline pain control and uterine cramping. These drugs cause no symptoms in the baby, so can be taken for as long as necessary. Oxycodone or hydrocodone are the narcotics commonly taken for severe pain, which is sometimes an issue during the first few days after delivery. However, milk doesn’t come in until day 2 to 4, so very little colostrum, and thus drug, gets to the baby. These narcotics are often combined with acetaminophen (Tylenol), and rarely ibuprofen (Advil, Motrin). An example of a common combination drug is Percocet, which is oxycodone + acetaminophen (Tylenol).

If narcotics are prescribed for severe pain, take the lowest dose that works, and take it less often as pain improves. Try to take fewer pills less often by day 4, because as your milk comes in around this time, the baby will get more of the narcotic from larger amounts of your breastmilk. Continue taking the plain ibuprofen or acetaminophen (Tylenol) regularly if needed for baseline pain. Note - avoid double dosing on acetaminophen or ibuprofen that is part of the combination pill.

Monitor baby for excessive sleepiness and changes in breathing patterns while you take narcotics. The risk of these side effects are greater if the baby is premature or has health problems.

Narcotics have been prescribed for breastfeeding mothers for decades with few reports of problems in the infant. As more research is done, however, more cases are being reported where infants have developed significant sedation, cyanosis, slowed heart rates and breathing problems. AVOID CODEINE, due to the rare but serious risk of “ultra-rapid metabolism,” which can result in dangerously high levels of its active metabolite (morphine) getting to baby. This can also occur with hydrocodone and oxycodone, but not enough to be a problem as with codeine. If these drugs have made mom excessively sleepy in the past, this may be a clue that she carries this genetic trait, so be cautious.

Known incidence of the ultra-rapid metabolism genotype

<table>
<thead>
<tr>
<th>Population</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>1 - 10%</td>
</tr>
<tr>
<td>Chinese, Japanese, Hispanic</td>
<td>0.5 - 1%</td>
</tr>
<tr>
<td>North African, Ethiopian, Saudi Arabian</td>
<td>16 - 28%</td>
</tr>
</tbody>
</table>

Common pain medications

<table>
<thead>
<tr>
<th>Acetaminophen = Tylenol</th>
<th>Ibuprofen = Advil, Motrin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone + Acetaminophen (Percocet, Tylox, Endocet, Roxicet)</td>
<td>Oxycodone + Ibuprofen (Combunox)</td>
</tr>
<tr>
<td>Hydrocodone + Acetaminophen (Lorcet, Lortab, Norco, Vicodin)</td>
<td>Hydrocodone + Ibuprofen (Vicoprofen)</td>
</tr>
</tbody>
</table>

Pain Control after Procedures While Breastfeeding

Butorphanol (Stadol) and Fentanyl are preferred narcotics for mothers while breastfeeding after a procedure, because not much gets to the baby through breastmilk. They are available as a shot or by IV, so can only be used in the hospital.

Morphine is a narcotic taken by mouth, shot or IV. Infants younger than 1 month old metabolize morphine slowly so it accumulates in their system. Use the lowest dose that works and stop using it as soon as possible. Continue taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) as needed.
Drugs for anxiety and/or depression while breastfeeding

Baby blues and postpartum depression
Mothers with a history of anxiety and/or depression are at higher risk of experiencing baby blues, and ultimately postpartum depression. Expect baby blues to improve within a couple weeks. If you worry excessively, cry for no apparent reason, feel agitated or irritable, or if you can't fall asleep despite being exhausted, this is likely due to persisting baby blues. Sleeping pills can affect your ability to nurse your baby safely and won't help the underlying problem. An antianxiety/antidepressant medication is a better choice. If you ever have thoughts of harming yourself or your baby, ask for help immediately.

Many mothers take antianxiety and antidepressant medication during pregnancy and breastfeeding. The benefits of breastfeeding and the significant risk and pain of untreated depression are weighed against the potential risk of exposure to the drugs, many of which produce significant levels in baby's blood. The long-term effect of these drugs on the developing infant are still largely unknown, so as usual, monitor baby's growth and neurodevelopment.

Medication choices
Many antianxiety and antidepressant drugs are compatible with breastfeeding, but different sources giving differing opinions. These are most commonly preferred:
- sertraline (Zoloft), paroxetine (Paxil), fluoxetine (Prozac)
- excitalopram (Lexapro) is preferred over citalopram (Celexa)
If a certain drug worked in the past, it is typically continued or started again, even if not on the list. If side effects develop, it may help to monitor the drug level in baby's blood.

Quick acting antianxiety drugs (benzodiazepines) are sometimes needed for panic attacks. These are preferred: Lorazepam (Ativan) and alprazolam (Xanax)
Short term intermittent use is fine while breastfeeding if baby is term and over 1 week old. If these drugs are needed regularly, consider starting a maintenance antianxiety drug instead, or if already on one, you may need to adjust the dose or try a different option.
See anesthesia and sedation section for information about midazolam (Versed) and diazepam (Valium).

Diagnostic imaging (x-ray tests) while breastfeeding
When feasible, elective imaging procedures should be delayed until no longer breastfeeding. There are several different agents used. Many have complex names and an associated number. Get the name in writing, as questions can be answered only with precise information. Take note of the key words “radioactive” and “iodinated” (\(^{131}\text{I}\) or \(^{125}\text{I}\)), as these agents will require interruption of breastfeeding for a specific amount of time (from 1 feeding to 3 weeks or so). Some agents settle in breast tissue, so baby can't be in contact with the breasts for a while. The milk can be refrigerated for a time and then tested to be sure the radioactivity has decayed. Once safe, feed it to the baby. Do this under consultation with a radiologist. Take note of 3 particular contrast agents so that breastfeeding is NOT interrupted unnecessarily.
- gadolinium is used in kidney MRIs. It is not radioactive SO BREASTFEED.
- gallium (\(^{67}\text{Ga}\)) is a radioactive agent. DON'T BREASTFEED for 3 weeks.
- iodinated contrast - this contains the word “iodine” but it is not radioactive, SO BREASTFEED.

The agents of concern can all be searched on LactMed. Guidelines are based on the Nuclear Regulatory Commission regulations and the International Commission on Radiologic Protection guidelines.
**Vaccines while breastfeeding**

Smallpox and yellow fever vaccines are the only vaccines that should NOT be given to breastfeeding mothers, due to risks to the baby. Breastfeeding does not interfere with the infant’s immune response to most routine immunizations.

**Miscellaneous drugs you can probably get by without, but can still breastfeed if you choose to take them**

Consider if your symptoms are bad enough to risk decreasing your milk supply or creating symptoms in your baby.

| Environmental allergy drugs | Diphenhydramine (Benadryl) can make you and baby sleepy. Non-sedating antihistamines are preferred, with loratidine (Claritin) ranked better than fexofenadine (Allegra), and then cetirizine (Zyrtec). A steroid nasal spray is an alternative drug to try. |
| Colds | Dextromethorphan (DM) cough suppressant and guaifenesin (Mucinex) expectorant have not been studied, but experts say they are probably OK to use when baby is over 2 months old. Pseudoephedrine decongestant should NOT be used while breastfeeding. Salt water sinus irrigation is a great remedy for colds, sinus infections and allergy relief and is fine to do while breastfeeding. |
| Antibiotics | Avoid sulfa antibiotics in the first 6 weeks due to infant jaundice concerns. Oseltamivir (Tamiflu) can be given directly to babies. |
| Antivirals | OK to use. |
| Stool softeners | Ranitidine (Zantac) is OK. Omeprazole (Prilosec) and lansoprazole (Prevacid) have not been studied, but are often given directly to infants. |

**Miscellaneous drugs you may need to take, but can still breastfeed safely or with caution**

**Prednisone**: This is taken for several different ailments. Short term low dose courses are of no concern while breastfeeding, but longer term high dose prednisone regimens may affect milk supply.

**Anti-seizure drugs**: Active seizure disorders require seizure medications. The benefits of breastfeeding are great enough that mothers can usually continue breastfeeding as long as the baby is monitored for symptoms. For some seizure drugs, it is recommended to check blood levels in the baby if symptoms do develop. Of note, a mother should NOT breastfeed if she is taking the seizure drug Felbamate.

**Thyroid drugs**: Levothyroxine (Synthroid) is taken by many hypothyroid moms. Normal thyroid levels are important for milk production. Drugs for an over-active thyroid (anti-thyroid drugs) can be used if the baby is closely monitored.

**Blood pressure medications**: Labetalol is commonly used for postpartum hypertension. Some blood pressure drugs work by increasing urination which can affect milk supply.

**Miscellaneous drugs you SHOULD NOT TAKE while breastfeeding**

- amphetamines (Adderal)
- Antabus or Naltrexone to treat alcohol addiction
- chemotherapy agents
- ergotamines (Cafergot)
- statins (anticholesterol)
- *herbal* dietary supplements

*Herbal supplements are not regulated by the FDA regarding manufacturing standards, proven effectiveness or safety. There are many reports of undeclared ingredients and pesticide residues. The AAP specifically discourages use of chamomile, black cohosh, ginseng, gingko, valerian, blue cohosh, chastetree, echinacea, and Hypericum (St John’s wort). Fenugreek is often used to increase milk supply, but with no proven effect, and there can be issues with baby’s blood clotting and blood sugar.*

Sources:

- “The Transfer of Drugs and Therapeutics into Human Breast Milk: An Update on Selected Topics” by The American Academy of Pediatrics
  http://pediatrics.aappublications.org/content/early/2013/08/20/peds.2013-1985

- “Analgesia and Anesthesia for the Breastfeeding Mother” by The Academy of Breastfeeding Medicine: Protocol #15
  http://www.bfmed.org/Resources/Protocols.aspx