



Medications: What can you take while breastfeeding?

General Considerations:

- If you must take medications while breastfeeding, seek information from a reliable source before weaning or throwing breastmilk away.
- It is best to avoid medications, but most are safe while breastfeeding.
- Rarely, some drugs are dangerous for the baby.
- Many drugs have not been studied in regard to breastfeeding and their effects on baby or breastmilk.
- 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 while breastfeeding:

1. Do you *really need* the drug?
2. Are you 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?

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. Research is ongoing, so always double check sources for the latest information on drugs. To follow is an over-view of common issues.

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, but this is usually not necessary.

Lidocaine

- An injection for numbing an area for dental or other minor procedures is OK with breastfeeding.
- If large doses are required, pump and dump for 12-24 hours.

General anesthesia while breastfeeding

- When mom is fully awake and alert, the anesthesia has cleared from the breastmilk. If baby is healthy and term, resume nursing at this time.
- If baby is a premature newborn, has breathing issues, low blood pressure or poor muscle tone, pump and dump for 12-24 hours.

A single dose of drug for sedation while breastfeeding

- This is probably OK, but short acting drugs (*fentanyl*, *midazolam*) are preferred over longer acting drugs (*diazepam*).
- Consider pumping and dumping for 4-8 hours if baby is less than 2 months old or has health problems.

Severe pain while hospitalized while breastfeeding

- This can be controlled with the narcotics *Butorphanol (Stadol)* or *Fentanyl*, as very little gets to breastmilk.

Severe pain control at home while breastfeeding

- This can be attempted with *Morphine*, a narcotic taken by mouth, by shot or intravenously.
- Other options are *oxycodone* and *hydrocodone*, discussed below.
- Infants under 1 month old metabolize morphine slowly so it can accumulate 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.

Pain medications while breastfeeding a newborn

- Pain control is necessary for milk to let-down for feedings, but you must balance adequate pain control with the risk of making baby too sleepy to nurse well from narcotics you take while breastfeeding.
- Pain from a C-section or perineal trauma is most severe in the first few days BEFORE milk comes in, so taking narcotics is not a concern because there isn't much colostrum for the drug to pass through to baby.
- As milk comes in, usually around day 4, try to take fewer pills less often, because baby can get more of the narcotic through larger amounts of breastmilk.
- Continue taking *ibuprofen (Motrin, Advil)* or *acetaminophen (Tylenol)* on a schedule for baseline pain control. They cause no symptoms in baby.

Codeine, oxycodone and hydrocodone while breastfeeding

- These are narcotics commonly taken for severe pain, but *new* evidence indicates that CODEINE can be dangerous for the baby, due to the rare but serious genetic risk of "ultra-rapid metabolism" in the mother, which can result in dangerously high levels of codeine's active metabolite, morphine, getting to baby via breastmilk.

The baby (especially if premature or has health problems) may develop symptoms such as severe sleepiness, slowed heart rate, breathing problems, stop breathing, turns blue.

- Narcotics have been prescribed for breastfeeding mothers for decades with few reports of problems in the infant, and *oxycodone* and *hydrocodone* are acceptable during the first few days before milk comes in.
- It is important to monitor baby for symptoms, as noted above, while you take narcotics, and report symptoms to the doctor immediately.
- *Codeine* is often prescribed as "*Tylenol #3*" so avoid this.
- *Oxycodone* is often combined with *acetaminophen (Tylenol)* as *Percocet, Tylox, Endocet and Roxicet*.
- *Hydrocodone* is often combined with *acetaminophen (Tylenol)* as *Lorcet, Lortab, Norco and Vicodin*.

Vaccines while breastfeeding

- Small pox 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.

Diagnostic imaging (x-ray tests) while breastfeeding

- When feasible, elective imaging procedures should be delayed until no longer breastfeeding.
- If a test is necessary, get the name of the substance to be injected *in writing*.
- If the substance is described as "radioactive," interruption of breastfeeding will likely be required for up to 3 weeks.

Examples of radioactive substances are:

- *gallium (⁶⁷Ga)*
- *lobenguane (¹²³I or ¹³¹I)*
- *Iodofiltic acid (¹²³I)*
- *Iodohippurate Sodium (¹²³I, ¹²⁵I or ¹³¹I)*

- Of note, *gadolinium* (similar name as radioactive *gallium*) is used in kidney MRIs and is NOT radioactive, SO BREASTFEED.
- Iodinated contrast (similar name as radioactive agents listed above) 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.

Medications: What can you take while breastfeeding?continued

Drugs for anxiety and/or depression while breastfeeding

- Baby blues and postpartum depression are common, especially in mothers with a history of anxiety or depression.
- Expect baby blues and tearfulness to improve within a couple weeks.
- If you worry excessively, cry for no reason, feel irritable, or can't sleep, this is likely due to persisting baby blues and possible progression to post-partum depression.
- If anxiety is preventing you from falling asleep despite being exhausted, refuse any offers for sleeping pills, because they can affect your ability to nurse safely and won't help the underlying problem. Medication for anxiety and depression is a better choice.
- The benefits of breastfeeding and the pain of untreated depression are weighed against the potential risk of exposure to the drugs.
- The long-term effect of these drugs on the developing infant are still largely unknown, so as usual, monitor baby's growth and neurodevelopment.
- There are several antianxiety and antidepressant drugs compatible with breastfeeding, but different sources giving differing opinions about their effect on breastfeeding and/or the baby.
- If a certain drug worked in the past, it will likely work again, so consider, it even if not on the list below.
- If side effects develop, it may help to monitor the drug level in baby's blood.
- These drugs are most commonly used:
 - sertraline (Zoloft)
 - paroxetine (Paxil) -fluoxetine (Prozac)
 - escitalopram (Lexapro) -citalopram (Celexa)
- Ask for help if you have thoughts of harming yourself or your baby.

Quick acting antianxiety drugs (benzodiazepines) while breastfeeding

- These drugs are used for panic attacks.
- *Lorazepam (Ativan)* and *alprazolam (Xanax)* are preferred, because they are short acting.
- 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)*.

Drugs to avoid while breastfeeding

Chemotherapy agents

- **Ergotamines** (*Cafergot*) is sometimes used to treat headaches.
- **Anti-cholesterol drugs** may affect fat metabolism in the baby.
- **Antabus** (*disulfiram*) is a drug to stop alcohol cravings in recovering alcoholics. A baby could have a severe reaction to this.

Herbal supplements

- **Fenugreek** is one of many herbals promoted to increase milk supply.
- There is no proof they work, and if supply does increase, it is likely due to other things being done rather than the herbal itself.
- Possible side effects for baby include blood clotting issues and low blood sugar.
- Herbals are not regulated by the FDA regarding manufacturing standards, proven effectiveness or safety.
- There are many reports of undeclared ingredients and pesticide residues in herbals.
- The American Academy of Pediatrics specifically discourages use of *chamomile*, *blackcohosh*, *ginseng*, *gingko*, *valerian*, *bluecohosh*, *chastetree*, *echinacea*, and *Hypericum (St John's wort)*.

What about other common drugs while breastfeeding?

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

- **Allergy drugs**, like the non-sedating antihistamines *loratidine (Claritin)*, *flexofenadine (Allegra)* and *cetirizine (Zyrtec)* are better than *diphenhydramine (Benadryl)*, which can cause sleepiness in baby and mom. These are drying agents, so could affect milk supply. A steroid nasal spray is an alternative allergy drug to try.
- **Cold medicines**, like the cough suppressant *Dextromethorphan* and the expectorant *guaifenesin (Mucinex)* haven't been studied, but are probably OK 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** are usually OK while nursing. Exceptions are
 - *sulfa* in the first 6 weeks, due to infant jaundice concerns
 - **Fluoroquinolones** (*Ciprofloxacin*, *Ofloxacin*) and *Metronidazole (Flagyl)* require clinical judgement.
- **Antivirals**, such as *Tamiflu*, are OK while breastfeeding, as *Tamiflu* can be given directly to the baby.
- **Stool softeners** are OK while breastfeeding.
- **Antacids** are often given directly to babies, so are OK while breastfeeding. (*Zantac*, *Prilosec*, *Prevacid*)
- **Prednisone/Steroids** are taken for many ailments. Short term low dose courses are of no concern while breastfeeding, but longer term high dose steroid regimens may affect milk supply.
- **Anti-seizure drugs** are necessary to control seizures in some people. The benefits of breastfeeding are great enough that a mother with a seizure disorder can usually continue breastfeeding as long as the baby is monitored for symptoms. If symptoms occur, baby's blood levels can be checked for some of the drugs. *Felbamate* is a seizure drug that should NOT be taken while breastfeeding.
- **Thyroid drugs**, like *levothyroxine (Synthroid)*, are taken by many breastfeeding mothers, as hypothyroidism is quite common. Normal thyroid levels are important for milk production.
- **Anti-thyroid drugs**, taken for hyperthyroidism, require monitoring baby closely for symptoms.
- **Blood pressure medications**, like *Labetalol*, are commonly used for post-partum high blood pressure. Some other blood pressure drugs work by increasing urination, which can affect milk supply.

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>
- LactMed @ NIH (free mobile app)
- InfantRisk Center (paid mobile app from Texas Tech University Health Sciences Center)