AIMS For a better birth...

Medications and Breastfeeding

In the past it was common to be told that breastfeeding could not continue whilst taking medication. More recently, evidence-based information has become more widely available for clinicians. The vast majority of drugs can be taken during breastfeeding, but mothers and birthing people need to take care to check on the suitability of any medication that they have been prescribed or have purchased. The good news is that there are drugs to treat almost all medical conditions without harm to a breastfeeding baby. AIMS therefore suggests that you discuss with your doctor (or whoever has prescribed the medication) the balance of risks and benefits of taking a particular drug, including the impact on breastfeeding.

However, if you have been told that you need to stop or interrupt breastfeeding, please ensure that specialist sources of information have been checked rather than just the standard BNF (British National Formulary).[1,2] Medications are used for many different reasons at different stages of breastfeeding, and this information leaflet can only act as a brief introduction to some of the broader issues. It does not cover all medications or go into great detail, but is an introduction to some common medications and provides additional resources for extra information.

Can I breastfeed while on medication?

If you are on any medication, whether short- or long-term, you may want to discuss antenatally if there may be any impact on breastfeeding once the baby is born. It is good to do this with your team of specialists before your baby is born to see whether there is a need to change your medication and, if so, when. This discussion should be documented in your notes.

How might drugs affect breastfeeding?

The medications we take are processed and passed through the body in different ways. Some of those drugs pass through breastmilk and have different effects on the baby; including temporarily causing loose bowel motions, drowsiness, or constipation. Despite this, there are fewer adverse effects associated with drugs passing through breastmilk than might be imagined[3]. Parents and carers should still be informed of possible or expected side effects and when changes in behaviour may need to be discussed with a doctor.

Painkillers

Opioid drugs used for pain relief, for example after a caesarean birth, can make a baby drowsy or cause them to feed less frequently or effectively. Dihydrocodeine or morphine are the preferred drugs in this

class. They should be used at the lowest possible dose and for as short a period as possible. Other drug options such as non-steroidal anti inflammatories (ibuprofen, diclofenac and naproxen) pass into milk at very low levels. New mothers should not have to feel that they cannot take painkillers or manage pain if they are breastfeeding. Your midwife or breastfeeding supporter will be able to help with this.[4]

Antibiotics

Antibiotics, which may be given during labour or after birth, frequently cause babies to produce loose, runny poo and sometimes to have intestinal pains. This resolves by itself, without medical intervention, but seek help if you are worried.[2].

Other resources

Information about medications and breastfeeding can be overwhelming and confusing. There are many conditions for which you may need to take medication, particularly if you have a chronic condition. Please seek information from the sources listed below if you require more information.

Some of the conditions for which you may need or be offered medication include :

- depression or anxiety
- pain (NB codeine should not be taken during breastfeeding[5])
- infection requiring antibiotics[6]
- hayfever[6]
- migraine[6]
- snuffling with a cold (NB avoid decongestant tablets which can reduce milk supply even with just one dose)[6]
- piles or haemorrhoids[6]

The patient information leaflet in some over-the-counter medicines may say that a medication is unsuitable for breastfeeding mothers. This is generally because the manufacturer has not conducted pregnancy- or breastfeeding-specific research and so may not take responsibility for any adverse impacts that mothers or babies may experience even later, when much is known about the drug.

Please check with the pharmacist, the Breastfeeding Network Drugs in Breastmilk Helpline (druginformation@breastfeedingnetwork.org.uk), or Breastfeeding and Medication (wendy@breastfeeding-and-medication.co.uk).

Other sources of information are www.breastfeedingnetwork.org.uk/drugs-factsheets ,or www.breastfeeding-and-medication.co.uk which also has factsheets and is free to access and is run by

trained volunteers.

The NICE Guideline[7] recommends that health carers need to use expert sources rather than rely on the BNF when prescribing for breastfeeding mothers. Sources suggested by the guideline are:

- Lactmed (freely available online)
- Specialist Pharmacy Service (see here).

Further sources with an associated cost are available (see list below).

Summary

In making a decision on which drug to prescribe, you and your healthcare professional need to consider many factors; such as the need for any particular drug, as well as the evidence-base for the compatibility of that drug with breastfeeding (which may not be solely the BNF or patient information leaflet). The prescriber should seek to protect your breastfeeding wherever possible, if that is your chosen feeding option. Sudden interruption of breastfeeding may result in mastitis.

There are medications available to treat the majority of conditions for which you may need to take medication. This information is intended to provide only an introduction, with links to other sources. Any drug which can be prescribed for a child would normally be considered compatible with breastfeeding as normal. Parents should always be made aware of any expected effects which the baby might exhibit.

References

[1] Marshall J et al. (2021) Providing effective evidence-based support for breastfeeding women in primary care BMJ 2021: 375: e065927

[2] Jones W (2021) How to advise women on the safe use of medicines while breastfeeding Pharmaceutical Journal May 2021

[3] Anderson PO, Pochop SL, Manoguerra AS. (2003) Adverse drug reactions in breastfed infants: less than imagined. Clinical Pediatrics: 42(4):325-40.

[4] NIHR Better pain relief for women in labour

[5] Koren G (2007) Medication Safety in Pregnancy and Breastfeeding. McGraw-Hill

[6] Jones W (2018) Breastfeeding and Medication. Routledge 2nd edition.

[7] NICE Maternal and Child Nutrition PH11

Further Reading

Ainsworth SB (2014) Neonatal Formulary: Drug Use in Pregnancy and the First Year of Life 7th Edition Wiley Blackwell and BMJ Books

Al-Zidan RN (2020) Drugs in Pregnancy: A Handbook for Pharmacists and Physicians 1st Edition

Briggs G et al. (2021) Briggs Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk 12th Edition. Lippincott Williams and Wilkins

Brown A, Jones W (ED) (2020) A Guide to Supporting Breastfeeding for Medical Professionals. 1st Edition. Routledge: London

Forinash A B and Freeman K Drugs in Pregnancy and Lactation (2017)

Hale TW (2020) Medications and Mothers Milk. Springer Publishing Company (or online http://medsmilk.com)

Jones W (2020) Breastfeeding and Chronic Medical Conditions. Kindle

Jones W (2018) Breastfeeding and Medication 2nd Edition. Routledge

Jones W (2017) Why Mothers Medication Matters. Pinter and Martin

Jones W (2016) The importance of dads and grandmas to the breastfeeding mother.Praeclarus Press

Koren G (2004) The Complete Guide to Everyday Risks in Pregnancy andBreastfeeding. R Rose.

Priest J, Attawell K (1998) Drugs in Conception, Pregnancy and Childbirth Paperback

Freely available sources of information and support on medication and breastfeeding

Lactmed (freely available online)

Specialist Pharmacy Service (information here)

Breastfeeding Network Fact sheets (can be emailed druginformation@breastfeedingnetwork.org.uk or contacted via Facebook www.facebook.com/BfNDrugsinBreastmilkinformation)

Breastfeeding and Medication (Dr Wendy Jones) : Factsheets www.breastfeeding-and-medication.co.uk (can be emailed wendy@breastfeeding-and-medication.co.uk or contacted via Facebook www.facebook.com/breastfeedingandmedication)