

All correspondence to:

The Breastfeeding Network
PO Box 11126, Paisley PA2 8YB
Admin Tel: 0844 412 0995
e-mail: admin@breastfeedingnetwork.org.uk
www.breastfeedingnetwork.org.uk

Analgesics (Pain killers) and Breastfeeding

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There are a wide variety of commercially available painkillers available over-the counter and on prescription. The breastfeeding mother should check with the pharmacist before purchasing a brand to ensure that it does not contain aspirin.

OTC (Over the counter) Preparations

NB. Many of these products are available in supermarkets, garages etc as well as through pharmacies. Individual ingredients need to be checked as there are many products available.

- Preparations containing **paracetamol** are suitable for use by breastfeeding mothers up to the maximum dose of two tablets four times a day. If the baby needs to take paracetamol suspension, transfer from the mother's medication is too small to be harmful in addition. Branded forms include *Panadol®*, *Hedex®*. Paracetamol may also be included in cold remedies and it is important not to take double the ingredient by accident - please check with the local pharmacist.
- Products containing **ibuprofen** are also safe for a breastfeeding mother to take. Transfer of non steroidal anti-inflammatory drugs is generally small. Branded ibuprofen products include *Nurofen®* and most pharmacies stock own-brand generic products.
Paracetamol and ibuprofen can be taken together (to their maximum daily dose of 8 paracetamol + 3 ibuprofen 400mg) for the relief of severe pain - generally they are alternated so as to provide analgesic medication approximately every two hours.
Ibuprofen is contra-indicated in people with a history of peptic ulcer (as it can cause gastric bleeding) or who have asthma (it can cause bronchospasm in people who are sensitive).
- **Aspirin** as a painkiller should be avoided because of the increased risk of Reye's syndrome in paediatric viral infections. The amount transferring is a very small but as there are suitable alternatives, it is best avoided.

To find your nearest Breastfeeding Supporter call the Supporterline 0300 100 0210

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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75-150mg aspirin dispersible tablets are frequently given as a blood thinning agent. The amount transferred into breastmilk is likely to be very small compared to an analgesic/antipyretic dose of 600mg taken four times a day which is reported to be 0.25mg/kg/day (Hale 2008).

- **Codeine** has been reported to cause sedation particularly if the baby is immature. Use of codeine by breastfeeding mothers, if necessary, should be at the lowest effective dose, for the shortest possible duration and the mother made aware that she should cease the drug and seek medical advice, if she notices side effects in her baby such as:

- Lethargy
- Poor Feeding
- Drowsiness
- Bradycardia
- Breathing Problems

There are 4 cases of neonatal apnoea following a dose of 60mg given to breastfeeding mothers. Although codeine was not detected in the serum of the babies, symptoms resolved when the drug was discontinued (Davis 2004).

If adverse effects develop in breastfeeding infants the possibility of toxicity should be considered, regardless of maternal dose. Codeine should be replaced by a suitable non-opioid analgesic. Breastfeeding should not be interrupted unless the symptoms are extreme e.g. necessitating admission, and then only for the shortest duration possible in line with NICE recommendations (NICE Maternal and Child Nutrition Recommendation 15; www.nice.org.uk PH11 March 2008)

This recommendation follows a single adverse event report from Canada, where a breastfed baby died at 12 days of age (Koren 2006). At post mortem he was found to have very high levels of morphine in his blood because his mother had multiple copies of the gene which metabolises codeine into morphine and was taking compound codeine analgesics for episiotomy pain. The mother had reported side effects of constipation and somnolence in herself. She had sought medical help on several occasions prior to the baby's death as he was lethargic and had intermittent periods of difficulty in breastfeeding.

Codeine combinations have in the past formed the mainstay of analgesic use, particularly in the early postpartum period. The genotype producing ultra rapid metabolism is rare but is impossible to identify without genetic testing.

Co-codamol tablets contain 8mg of codeine per tablet are available to purchase from community pharmacies and are less likely to produce side effects during breastfeeding. Prescription only co-codamol contains 30mg codeine per tablet. Branded products include *Solpadeine®*, *Paracodol®*.

Codeine is also a constituent of a wide variety of preparations available OTC which contain multiple analgesic ingredients e.g. *Veganin®*, *Feminax®*, *Syndol®*, *Migraleve®*.

Prescription analgesics

The most widely prescribed analgesics are listed below. However there are many combinations used.

- Non – steroidal anti-inflammatory drugs are generally safe to be taken during breastfeeding as they transfer in small amounts into breastmilk (see ibuprofen) e.g. **Diclofenac**, (*Voltarol®*, *Diclomax®*, *Motifene®*)

Naproxen (*Naprosy®*, *Synflex®*)

Indometacin (*Indocid®*) should be avoided if possible as there is one report of convulsions in a neonate exposed to this drug through breastmilk (Hale 2008).

Mefenamic acid (*Ponstan®*) is frequently given to reduce period pain and transfers into breastmilk in small amounts (BNF “2008)

- There is less information on the transfer of the newer Cox 2 anti-inflammatories which are used for patients who are at risk from gastric bleeding e.g. **Celecoxib** (*Celebrex®*). It may be wiser to avoid these and take a combination of traditional NSAID with a proton pump inhibitor e.g. omeprazole, a combination of which is safe in breastfeeding.

- Compound codeine preparations

Co-codamol – paracetamol 500mg and codeine 8mg or 30mg per tablet

Co-dydramol – paracetamol 500mg and dihydrocodeine 10mg

Dihydrocodeine 30mg - may be used as drug of abuse.

These products can generally be taken by a breastfeeding mother bearing in mind the research above regarding apnoea. Any baby with respiratory difficulties should not be exposed to these drugs. There are reports of constipation and/or colic associated with these products as well as sedation. However they are widely used in the immediate post-partum period with few side effects.

- **Tramadol** (*Zydol®*) is a new type of drug which resembles morphine but is less addictive. It is a stronger pain killer. It produces low levels in milk and a study in breastfed newborn infants found no adverse effects attributable to tramadol. All babies, in particular those born prematurely or who have had difficulties with breathing, should be monitored for increased sleepiness, difficulty breastfeeding, breathing difficulties or limpness. If these are noted the drug should be stopped and medical help sought as soon as possible.
- Opiate analgesics e.g. **morphine and diamorphine** are generally used post-operatively and only for short periods. If they are used for any significant length of time, the baby should be observed for sedation. Opiates have a potential for misuse and addiction. If a mother requires this level of pain relief she may not feel well enough to breastfeed and means of maintaining her milk supply should be considered. However individual wishes should always be borne in mind.

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