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Breastfeeding and Medication – FAQs

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Here are some answers to questions we are frequently asked:-

1. Fluconazole: Why is it unlicensed? Why did my GP refuse to prescribe it? Is it safe?

Unlicensed just means that the manufacturer has not chosen to include breastfeeding when applying for licence to manufacture and sell. It is licensed to be given directly to babies in doses which are higher than those which the baby would receive through breastmilk.

Many GPs are unhappy about prescribing any drug which is unlicensed because they have to take ultimate responsibility for use and should there be any adverse effects would be liable to pay full costs. *If they do not have sufficient information to be able to guarantee safety they should not prescribe it.* But they may be willing to look at the evidence if it is provided. Whatever decision they make they are trying to do the best for the patient from their perspective.

See BfN leaflet on *Thrush and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/thrush-and-breastfeeding.html

2. Antidepressants: can I take any drugs whilst I am breastfeeding? My GP says I have to give up if I need to take medication

As for fluconazole above, most of the new drugs are not licensed to be given to breastfeeding women. However there is published data on the levels of the drugs which reach the baby through breastmilk. The best drug depends on the mother's symptoms and the age of the baby.

Sertraline (Lustral) appears from studies to be the safest one to take. Fluoxetine is the only anti-depressant licensed to be used in pregnancy but there are reports that it causes excessive drowsiness in the baby if the mother takes it in pregnancy and then goes on to breastfeed. It is safe to begin treatment if the baby is more than 6 weeks old, although some reports link it with colic.

See information on *post-natal depression and anti-depressant use in breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

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3. Can I have my hair permed/dyed whilst I am breastfeeding?

There is no reason why not though if your baby was born very recently it may not take as well as normal because of post-natal changes to the hair rather than to the fact that you are breastfeeding. The dye or perm will not affect your baby through your breastmilk for more information see information on *Beauty Treatments in Breastfeeding Mothers* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

4. What antihistamine can I take whilst breastfeeding as I have hay fever?

Most of the newer antihistamine drugs, which do not cause drowsiness, are not licensed but loratadine and cetirizine are available as formulations for children. If you are concerned you could try to use eye drops and nasal sprays initially. However no adverse reports of using oral drugs have been located. Chlorpheniramine (Piriton) is safe if you are not affected by drowsiness. Watch that your baby doesn't get drowsy and miss feeds, particularly overnight.

See information sheet on *Antihistamines and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

5. Drugs of misuse. Does it matter if I use recreational drugs whilst I am breastfeeding?

You should not use any recreational drugs when you are breastfeeding. Cocaine is particularly toxic and it is imperative that you don't breastfeed for 48 hours. Prescribed Methadone appears to be safe. It is vital that you do not use any street drugs. If you have taken street drugs or plan to do so please contact the Drugs in Breastmilk Helpline for further information on how best to continue breastfeeding whilst keeping your baby safe.

6. Should I take Ibuprofen for early symptoms of mastitis?

Ibuprofen and similar anti-inflammatory drugs are safe to be taken whilst breastfeeding. So long as symptoms of mastitis are improving it is safe to wait before using antibiotics; most cases do clear with better drainage of the breast and ibuprofen. Do not take ibuprofen if you have had or have a stomach ulcer, are allergic to aspirin or have asthma. See the BfN Leaflet on *Mastitis and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/mastitis-and-breastfeeding and the information sheet on *Analgesics and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

7. It has been suggested that I take Domperidone or metoclopramide to increase my milk supply.

Domperidone and metoclopramide work by increasing the prolactin level (the hormone which stimulates milk to be made). It can be used to increase a poor supply, e.g. after a long period of expressing for a premature baby but should only be used after trying increased frequency of feeding and skin-to-skin contact. It is taken three times a day for one week then the supply should be reassessed. If the supply is still low it may be worth continuing for another week. It is not appropriate if the baby is poorly positioned at the breast or is not feeding frequently enough to stimulate the milk supply. Metoclopramide (Maxolon) is less often used now because of side effects and links with symptoms of depression. Domperidone (Motilium) is safe enough to be sold over the counter for feelings of bloatedness. See the *Increasing Milk Supply – use of Galactagogues* Information Sheet which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

8. I have been prescribed Warfarin / Heparin, is it really safe for me to breastfeed?

These are drugs used to thin the blood after a clot or thrombosis. They are highly protein bound in the mother's blood and are also too large to enter breastmilk. They do not pose a problem in breastfeeding but it is important to ensure that baby has vitamin K at birth and is feeding effectively to extract vitamin K. See the information sheet on *Anticoagulants and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

9. I take levothyroxine regularly. I don't appear to be producing enough milk to satisfy my baby. Should I stop taking the drug?

If thyroid levels are too low, a decrease in prolactin levels is produced and consequently a low milk supply. It is important to ensure up to date thyroid levels have been measured and dose adjusted if necessary. As a drug it is safe to take during breastfeeding because it is replacing sub-optimal (too low) levels produced by the body.

See information sheet on *Thyroid Medication and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

10. We had an "accident" last night, can I take the "Morning after pill"?

Levonelle says it is safe to use in the patient information leaflet in the packet.

Progesterone may sometimes cause temporary lower supply but increased frequency of feeding will restore the level. If you are concerned about taking the morning after pill, you may consider how frequently you are feeding? Is it exclusive? The risk of ovulating is low if you are feeding frequently and with no other supplements in the early months. You also need to consider how vital it is for you that you do not become pregnant before deciding whether or not you wish to take emergency contraception. It can be purchased through your local community pharmacist, may be supplied free of charge from pharmacies in some areas and is available from A and E Departments at your local hospital or Family Planning Clinics. See the information sheet on *Emergency Hormonal Contraception and Breastfeeding* which can be downloaded from www.breastfeedingnetwork.org.uk/drugs-in-breastmilk.html

11. I have badly cracked nipples; my midwife has suggested moist wound healing. With my last baby I was told to keep my nipples dry.

If there is damage to the nipple causing a deep crack, it is firstly important that you seek help to correctly attach your baby to the breast so no further damage is done. Breastfeeding should not hurt and should not cause damage to your nipples. If you have a crack which is forming a scab between feeds, it may be useful to consider moist wound healing. This prevents the scab reforming and producing deeper cracks each time it falls off. In the past it was thought that leaving the nipples to dry, with expressed breast milk applied to them, was the best treatment. This is still true if there are no cracks. The application of squares of paraffin gauze to the nipples to keep them moist and prevent scab formation has proved useful to many women. Alternatively you can apply a smear of petroleum jelly or other similar moisturiser into the crack. The nipples should not be left soggy and you need to be careful with hygiene so as not to introduce an infection into the wound. If breastfeeding continues to hurt and / or your nipple is left misshapen or flattened after the feed, keep asking for help from breastfeeding experts to enable you to achieve a better latch.

See www.breastfeedingnetwork.org.uk/pdfs/moist-wound-healing.pdf