

Irritable Bowel Syndrome (IBS) and Breastfeeding

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**Peppermint oil and mebeverine are the drugs of choice to remove spasms, hyoscine is acceptable if preferred. Dicycloverine should NOT be taken.
Laxatives and Loperamide can be used to relieve symptoms of constipation and diarrhoea.**

Irritable bowel syndrome (IBS) is a common, chronic, relapsing, and often life-long condition, mainly affecting people aged between 20 and 30 years. It is more common in women. Symptoms include abdominal pain or discomfort, either diarrhoea, or constipation and bloating. The treatment of IBS is focused on symptom control, in order to improve quality of life.

Antispasmodic drugs

- Dicycloverine (Dicyclomine) (Merbentyl ® Kolanticon ®). In the past this drug was used to treat infantile colic but following reports of apnoea, its license for use in infants under 6 months was withdrawn. The adverse reactions occurred in babies under the age of 6 weeks and involved sudden reactions following administration of the drug via a spoon. All children recovered normally (Williams 1994, Edwards 1984, Spoudea 1984). There is also a single case report of a similar reaction in a 12 day old breastfed baby whose mother took this drug (personal communication reported in Briggs 2005) so it is a drug best avoided in lactation since there are alternative preparations available.
- Hyoscine (Buscopan ®) is often the drug preferred by patients with IBS. No levels in breastmilk have been reported from studies. It is licensed at half the adult dose for children over 6 years (10 milligrammes three times daily) so the amount passing into breastmilk is likely to be safe.
- Alverine Citrate (Relaxyl®, Spasmonal®) is widely used to treat symptoms of irritable bowel syndrome but one study shows that it was no better than placebo in providing relief of symptoms (Mitchell 2002). It is licensed for use in patients over the age of 12 years. There is no information on its passage into breastmilk. Avoid if possible.
- Mebeverine Hydrochloride (Colofac®) should be taken 20 minutes before meals for maximum effect. It is licensed for use in children above the age of three so levels passing into breastmilk are likely to be safe.
- Peppermint Oil Enteric coated capsules are used to relieve spasms associated with IBS but should be swallowed whole, half to one hour before food to avoid irritation of the oesophagus. There is some evidence to support the value of this product in therapy (Pittler 1998, Grigoleit 2005). Peppermint oil is believed to undergo rapid first pass metabolism so levels in breastmilk will be low. There have been anecdotal reports in internet discussions by

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lactation specialists in the US that it can reduce milk supply but there are currently no studies to prove or disprove these.

Laxatives can be taken according to preference. It is suggested by the BNF that lactulose is avoided as it can cause bloating. Bulk and osmotic laxatives are preferable to stimulant drugs (see fact sheet on constipation and breastfeeding).

Loperamide can be taken according to need to control diarrhoea as low levels pass into breastmilk.

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