

Pain Relief (Analgesics) and Breastfeeding

The information, data and links shared below are taken from various reference sources and are provided to empower users to make an informed decision about their treatment. This factsheet is intended to provide access to relevant evidence-based information but cannot replace input from appropriately trained professionals. No responsibility can be taken by the Breastfeeding Network or contributing authors for the way in which the information is used. Clinical decisions, including diagnosis, treatment and review, remain the responsibility of appropriate healthcare professionals.

If you have any questions about this information, you can contact the Drugs in Breastmilk team on druginformation@breastfeedingnetwork.org.uk or through their [Facebook page](#).

You can take paracetamol and ibuprofen at their usual doses if you are breastfeeding.

Stronger pain relief medicines are also available, but you should take these with caution and watch your baby for side effects.

Avoid aspirin or codeine for pain relief.

Some combined medicines contain caffeine.

Always check all the ingredients of any medicine you take.

Over the counter medicines

Paracetamol

You can take paracetamol at the normal adult dose as described in the patient information leaflet. Only a very small amount passes into your breastmilk. It is important to not exceed the daily dose of paracetamol. Do not take more than 2 tablets at any one time. Do not take more than 8 tablets in 24 hours. Always read the instructions on the pack before taking.

Branded products include Panadol® and Solpadeine Headache®. Most pharmacies also stock own-brands. Paracetamol may also be included in cold remedies and combined pain relief medications. It is important not to take too much by accident – please check the ingredients carefully and ask a pharmacist if you are unsure. For more information on cold remedies and combined medications, see our [factsheet on Cough and Cold Remedies](#).

Some paracetamol-containing medications also contain **caffeine** in varying amounts. Caffeine passes into your breastmilk. The NHS suggests that you should not have more than 200mg of caffeine per day whilst breastfeeding, including from drinks, as it could make your baby restless or keep them awake, so bear this in mind when choosing which medicine to take. See the [NHS page on breastfeeding and diet](#) for more information and to find out how much caffeine is in different foods and drinks.

If your baby needs to take paracetamol suspension (e.g. Calpol®) whilst you are taking paracetamol, they can do so at their own full and normal dose. The amount that they would get through your breastmilk is too small to be harmful in addition.

To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212

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.

Ibuprofen

If you are usually able to take ibuprofen, you can do so at the normal adult dose as described in the patient information leaflet. Only a very small amount passes into your breastmilk.

Branded ibuprofen products include Nurofen[®], Cuprofen[®] and Anadin Ultra[®]. Most pharmacies also stock own-brands.

Ibuprofen may not be suitable for people with a history of stomach ulcer, as it can cause bleeding, or who have asthma (unless your doctor says it is OK), as it can cause breathing problems. Consult your doctor or pharmacist before using it if you have either of these conditions.

You can take paracetamol and ibuprofen together during breastfeeding if needed, up to their maximum daily doses.

If your baby needs to take ibuprofen suspension (e.g. Nurofen for Children[®]) whilst you are taking ibuprofen, they can do so at their own full and normal dose. The amount that they would get through your breastmilk is too small to be harmful in addition.

Aspirin

Products containing aspirin (including Anadin Original[®] and Disprin[®]) for pain relief are **not recommended** whilst you are breastfeeding because there is a possible link between aspirin and Reye's syndrome in children, especially if your child has a viral infection or fever. The risk is very low, but as other pain relief options are available, it is best avoided if possible. If you take a single dose of aspirin for pain relief by mistake, you can continue breastfeeding as the risk is very small, but you should not take any more doses. Further information is available from the site www.breastfeeding-and-medication.co.uk [here](#) and the NHS [here](#).

If you are concerned, please speak to your doctor, pharmacist or contact our [Drugs in Breastmilk Service](#).

Note: You may be prescribed **low-dose aspirin** (75-150milligrams once daily) to thin your blood if you have certain medical conditions. This is lower than a pain-relieving dose and is usually [compatible with breastfeeding](#). For more information, see breastfeeding-and-medication.co.uk. If you are taking low dose aspirin [you may be advised to be cautious if your breastfed child develops a fever](#). Please contact the Drugs in Breastmilk service for more support if this happens.

Codeine and dihydrocodeine

Codeine and dihydrocodeine are weak opioids that are available over the counter in combination with other medications described above. **Codeine is not recommended** when you are breastfeeding. Please see the section on opioids below for more information.

Prescription analgesics

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

Non-steroidal anti-inflammatory drugs (NSAIDs)

These are generally acceptable during breastfeeding as they transfer only in small amounts into breastmilk.

- **Ibuprofen** is the first-choice anti-inflammatory when breastfeeding as it has been used by many breastfeeding mothers without any reports of problems.
- **Diclofenac**, (Voltarol[®]) is acceptable when breastfeeding, as it won't stay in your body for long. It has been used by many breastfeeding mothers without reports of problems. Diclofenac gel and eye drops are compatible with breastfeeding. Your doctor will decide if diclofenac is safe for you to take in oral form or by suppository, because diclofenac is avoided in people with some long-term conditions, including heart disease, diabetes or high cholesterol.
- **Naproxen** and **indomethacin** stay in your body for longer than diclofenac. They are not first choices for NSAID pain relief when you are breastfeeding, especially if your baby is premature or newborn, due to some reports of possible side effects. Other NSAIDs should be considered first, but naproxen or indomethacin can be used with caution if alternatives are not suitable. If your baby gets an upset stomach, vomiting or diarrhoea, or you have any other concerns, speak to your doctor, health visitor or pharmacist.
- **Celecoxib** (Celebrex[®]) This anti-inflammatory is called a cox 2 inhibitor and has been useful for patients who are at risk of stomach bleeding. It is prescribed less frequently now due to a small increased risk of heart attack or stroke. Your doctor will decide with you if this medicine is suitable for you. The amount of celecoxib passing into breastmilk is thought to be too small to be harmful. However,

there is less information on the transfer of these drugs into breastmilk. If you would prefer to avoid them, you can take a traditional NSAID (e.g. ibuprofen or diclofenac) with a proton pump inhibitor (a medicine that reduces stomach acid) such as omeprazole. This is compatible with breastfeeding (see [our factsheet on indigestion](#) for more information).

Opioids

This introduction to opioids contains important information. Please read it before looking for your specific medicine information.

Opioids are a type of medicine that provides good relief of moderate to severe acute (short-term) pain. Opioids are effective for short periods and should be used at the lowest effective dose for the shortest time possible. There is limited evidence that they are helpful for long-term pain.

When deciding if you can take opioids whilst breastfeeding, factors to consider include:

- which opioid is being considered
- how well you are managing your pain
- if your baby is healthy

You may prefer to try other types of pain relief first. However, it is important that you can manage your pain, and sometimes opioids will be the most effective option.

Opioids are often described as either "weak opioids" or "strong opioids." All opioids can cause side effects regardless of whether they are "weak" or "strong." The dose of the chosen opioid is important. As the dose increases, so does the likelihood of side effects. All opioids can be addictive, though it is rare for people to become addicted to opioids when taking them for acute pain. You should not take opioids for longer than 3 days without instructions from your doctor.

Opioids may make you feel sleepy, dizzy or confused. Take extra care when looking after your baby if you experience any of these side effects. Medicines that make you drowsy can make bed-sharing less safe. [Baby Sleep Info Source \(BASIS\)](#) has more information on sleep and safety. They recommend that you do not share your bed with your baby after you have taken medication that makes you sleepy.

The law on drugs and driving changed in 2015. It is against the law to drive if you are impaired by your medicine. For more information on whether you can drive whilst taking opioid pain relief, see the [gov.uk website](#) or speak to your doctor or pharmacist.

Only a small amount of the drug passes into your breastmilk, but this may sometimes cause side effects in your breastfed child. Whilst you are taking any opioid, you should watch out for these possible side effects in your baby:

- Breathing problems / slower breathing
- Lethargy
- Drowsiness
- Poor Feeding
- Constipation
- Paleness

Take particular care if your baby is under one month old or exclusively breastfed. If you experience side effects yourself whilst taking opioids, it could be more likely that your baby will also experience side effects. Please speak to a doctor or pharmacist for more information. If you notice any side effects in your baby, please seek medical attention as soon as possible.

Opioids can sometimes cause constipation. If you experience constipation, please see our [constipation factsheet](#) for more information.

Sometimes opioids are used for chronic pain. This is long-term pain that lasts more than 3 months. There is little evidence that opioids are effective for chronic pain, although some conditions may have some limited benefit. Some people with chronic pain may have the dose of their opioids increased over time for their pain. If your pain is not helped by your opioid you should speak to your doctor. Your local [NHS](#)

services should have support available for people living with long term pain including support groups, pain clinics and pain management programmes. It is worth asking your doctor for more information if you haven't recently or ever accessed these services.

If you are taking any other regular medicines when you buy an opioid medicine over the counter, let the pharmacist know. If you are being prescribed an opioid, please mention your other medications to your doctor to check if this is ok. Some medicines interact with opioids. This can make driving unsafe (and illegal) and could cause more severe side effects, make you unwell or unable to care for your baby. If you are not sure, you can speak to your local pharmacist or contact the [Drugs in Breastmilk](#) team.

If you are experiencing chronic (long-term) pain, cancer pain or are prescribed strong opioids not discussed below, please contact the [Drugs in Breastmilk](#) team to discuss this. The information below is relevant to treating short-term pain while breastfeeding otherwise healthy, full-term babies and children.

Weak opioids

Codeine

Codeine is a weak opioid. It is sold over the counter in combination with paracetamol (co-codamol, Solpadeine Plus®) or ibuprofen (Nurofen Plus®). It is available on prescription on its own or in higher doses. Products containing codeine are **not recommended** when you are breastfeeding. Small amounts of codeine can pass through to your baby in your breastmilk and may cause drowsiness or breathing problems.

[Codeine for pain relief is not recommended for use in children under 12 years.](#)

If you take a [single dose of codeine by mistake](#), you can continue breastfeeding as normal as long as your child is full term and otherwise well, as the risk is small. However, you should not take any more doses and should watch your baby for drowsiness, breathing difficulties, constipation or difficulty feeding.

For more detailed information on codeine and breastfeeding, which is also suitable for healthcare professionals, please see our [codeine factsheet](#).

If you are concerned, please speak to your doctor, pharmacist or contact our [Drugs in Breastmilk service](#).

Dihydrocodeine

Dihydrocodeine is a weak opioid. It is the first choice if you need stronger pain relief than paracetamol or ibuprofen whilst breastfeeding. This is because your body processes it differently to codeine. It is frequently used for pain relief after a caesarean section, and it has been used widely during breastfeeding without problems. You can buy a low dose over the counter in combination with paracetamol (Paramol®). Higher doses are available on prescription.

Although dihydrocodeine is a safer option than codeine whilst breastfeeding, it is still possible that it could affect your child. To minimise the risk, you should take it at the lowest effective dose, for the shortest time possible. If another, non-opioid pain medication would be effective, you may prefer to use this instead. Please be aware of the information above on opioid use, including precautions and possible side effects, when taking dihydrocodeine.

You should not use dihydrocodeine (Paramol®) for more than three days without speaking to your doctor.

For more information, see <https://breastfeeding-and-medication.co.uk/thoughts/dihydrocodeine-and-breastfeeding>.

Tramadol

Tramadol is another opioid that is processed differently in your body to codeine. It is only available on prescription. If you are taking a usual dose, the amount passing into your breastmilk will be much less than the dose that is sometimes given to newborn infants for pain relief and is unlikely to have a negative effect on your baby. Studies in breastfed newborn infants found tramadol did not cause any negative effects. You can use it with caution whilst breastfeeding, at the lowest effective dose, for the shortest time possible, following the precautions for opioids listed above.

Strong opioids

Strong opioids are usually used for only a short period, often after an accident or surgery. You can take some strong opioids for a short time whilst breastfeeding. If you need to use strong opioids over a longer period, please contact the [Drugs in Breastmilk](#) team to discuss this.

You can breastfeed after surgery as soon as you are awake enough to hold your baby. You can read more about medicines used during surgery in our [anaesthetics factsheet](#). If you are in hospital your infant feeding team may be able to support you to stay with your baby. Some hospitals already have good policies in place to arrange this. UNICEF and the [Association of Anaesthetists](#) advise that women should be encouraged to breastfeed as usual after surgery and that there should be breastfeeding support available.

Opioid medicines can cause side effects, which can make looking after a baby difficult. If you are in too much pain to look after your baby, you may need some help. If you have had surgery, you will usually need someone with you to help look after your baby for at least 24 hours, or sometimes longer if your pain relief is making you sleepy. Someone helping to care for your baby could bring them to you for feeds, allowing you to rest in between.

If you are not able to breastfeed as usual or miss some feeds, you can ask for support from your hospital infant feeding team, who may be able to lend you a hospital grade breast pump. It is important to protect your milk supply and minimise the risk of mastitis. For more information you can read our webpage on [expressing and storing breastmilk](#). You can also contact the [National Breastfeeding Helpline](#) for information and support.

Morphine (Oramorph[®], Actimorph[®]) is the strong opioid of choice while breastfeeding. It can be used with caution at the lowest effective dose, for the shortest possible duration. Oral morphine is frequently given to mothers after a caesarean section. You can use it with caution when breastfeeding. Morphine does pass into breastmilk and may cause side effects in your child, so it is important that the precautions for opioids given above are followed, especially for babies that are under one month or exclusively breastfed.

Diamorphine is also sometimes used after an operation, but morphine is preferred if you are breastfeeding. You can use it with caution when breastfeeding. Diamorphine does pass into breastmilk and may cause side effects in your child, so it is important that the precautions for opioids given above are followed, especially for babies that are under one month or exclusively breastfed.

For information on any other strong opioids not covered here, please contact the [Drugs in Breastmilk](#) team.

Related fact sheets

[Coughs and cold remedies](#)

[Codeine](#)

[Constipation](#)

[COVID 19](#)

[Decongestants](#)

[Flu and breastfeeding](#)

[Herbal medications](#)

[Indigestion](#)

[Sore throats](#)

Bibliography

- British National Formulary – <https://bnf.nice.org.uk/>
- Drugs and Lactation Database (LactMed[®]) - <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
- Specialist Pharmacy Service: <https://www.sps.nhs.uk/>
- NHS medicines website: <https://www.nhs.uk/medicines/>
- NHS website: Breastfeeding and medicines: <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/medicines/>
- E Lactancia website: <https://www.e-lactancia.org/>
- NICE Clinical Knowledge summaries: <https://cks.nice.org.uk/topics/>
- Hale T. W. Medications in Mothers Milk. www.halesmeds.com
- Dr Wendy Jones, Breastfeeding and Medication website: <https://breastfeeding-and-medication.co.uk/>
- SPS: Can breastfeeding mothers take paracetamol or combination paracetamol products? <https://www.sps.nhs.uk/articles/can-breastfeeding-mothers-take-paracetamol/>

- SPS: Using codeine, dihydrocodeine or tramadol during breastfeeding. <https://www.sps.nhs.uk/articles/using-codeine-dihydrocodeine-or-tramadol-during-breastfeeding/>
- Datta P, Rewers-Felkins K, Kallam RR, Baker T, Hale TW. Transfer of Low Dose Aspirin Into Human Milk. J Hum Lact. 2017;33(2):296-299. doi.org/10.1177/0890334417695207
- MHRA: Codeine for analgesia: restricted use in children because of reports of morphine toxicity. <https://www.gov.uk/drug-safety-update/codeine-for-analgesia-restricted-use-in-children-because-of-reports-of-morphine-toxicity>
- SPS: Using strong opioid analgesics during breastfeeding. <https://www.sps.nhs.uk/articles/using-strong-opioid-analgesics-during-breastfeeding/>
- NICE clinical knowledge summary: Weak opioids <https://cks.nice.org.uk/topics/analgesia-mild-to-moderate-pain/management/weak-opioids/#pregnancy-breastfeeding>
- Mitchell J, Jones W, Winkley E, Kinsella SM. Guideline on anaesthesia and sedation in breastfeeding women 2020: Guideline from the Association of Anaesthetists. Anaesthesia. 2020;75(11):1482-1493. doi.org/10.1111/anae.15179
- Department for Transport Leaflet, New Drug Driving Rules: https://extranet.dft.gov.uk/think-downloads/wp-content/uploads/sites/29/2015/01/150213-10349-DfT-New-Drug-Driving-Rules-A5-Leaflet_DIGITAL-Amended.pdf

